APPLICATION FOR **CERTIFICATE OF APPROPRIATENESS**

HISTORIC HARBOUR TOWN 1837 DISTRICT

*Board meets the 1st Wednesday of each month @* ***6:00 pm*** *in the Municipal Complex, 687 Decatur Street, Vermilion, OH.*

**Property Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **∆ - Residential ∆- Commercial**

**Property Owner(s)**: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant(s)***, if other than owner* [If Owner, mark “Same as above”]

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have the Design Guidelines for the Historic District been reviewed? **∆ - Yes ∆ - No**

***(Copies available at Building Dept. in the forms rack w/application)***

Is the structure on this property listed on the National Register of Historic Places? **∆ - Yes ∆ - No**

The improvement project involves: **∆ - an Existing Structure ∆ - a New Structure**

**Define/Explain Scope of Project (Check appropriate items below and/or attach separate descriptive information)**

**SUBMIT … for distribution to the Board (minimum 6 copies), applicants should supply material/color samples; provide old/current photographs and site layouts [including building elevations/architectural renderings when practical], so the aesthetic impact of all proposed plans can be fairly assessed.**

**\_\_\_\_ Awnings \_\_\_\_\_ Shutters \_\_\_\_\_ Exterior Painting**

**\_\_\_\_ Roofing \_\_\_\_\_ Doors, Entrances \_\_\_\_\_ Complete Façade Restoration**

**\_\_\_\_ Siding, Gutters \_\_\_\_\_ Windows, Trim \_\_\_\_\_ Partial Façade Restoration**

**\_\_\_\_ Rear Access \_\_\_\_\_ Fence \_\_\_\_\_ Energy Conservation**

**\_\_\_\_ Landscaping \_\_\_\_\_ Signage \_\_\_\_\_ Demolition**

**Owner/Applicant Comments about proposed work *(use separate sheet if necessary):***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(To-Scale Site Layouts may be drawn on back)***

Contact 204-2465 or 204-2410 before noon on scheduled meeting days for updates.

Questions/Comments may be directed to current Board Members. A Roster is available online at [www.vermilion.net](http://www.vermilion.net).

*I understand the criteria for this application, aesthetic review and approval by the Design Review Board for the Historic District, and I agree to be subject to the Secretary of the Interior’s Standards for the above-described work in accordance with City ordinances. I also understand that all projects are subject to further reviews related to zoning compliance, as determined by the Building Department; and that I must use a separate form to apply for any applicable Building Permits in order to obtain construction approval.*

Signature of Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Co-Applicant’s Signature, *if applicable* :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Building Department Comments *(440-204-2410)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Inspector/Clerk *(signoff of receiving notification of approval from Board):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Board Action (see Minutes\_\_\_-\_\_\_-\_\_\_) **∆ - APPROVED ∆ - APPROVED W/ CONDITIONS ∆ - TABLED/NO SHOW/NOT APPROVED**