



CERTIFICATE OF APPROPRIATENESS: CHAPTER #1187 (MINOR)

Application Number: _____ Date: ____/____/____

FEES:

Base Fee: \$ 100

Total Fee Amount: \$_____ Paid: Check # _____ Cash: \$_____

(PLEASE PRINT LEGIBLY)

1. Applicant: _____ Phone: (____) _____ - _____
2. Property Address: _____ City: _____ State: ____ Zip: _____
3. Applicant's E-mail: _____
4. Business Owner's Name: _____ Phone: (____) _____ - _____
5. Contractor's Name: _____ Phone: (____) _____ - _____
6. Principal Business Activity: _____
7. Existing Use of Property: _____
8. Square Footage of Proposed Building or Business: _____ sq. ft.
9. Zoning District: _____
10. Estimated Cost of Improvements: _\$ _____

****** Materials required for submission with this application. (Digital file preferred)**

- (1) A dimensioned site plan showing existing conditions including all structures, pavement, curb-cut locations, natural features such as tree masses and riparian corridors, and rights-of-way.
- (2) A dimensioned site plan showing the proposed site change including structures, pavement, revised curb-cut locations, landscaping, property lines and screening of mechanicals.

- (3) Illustration of all existing building elevations from street/ground to scale & picture of project before starting.
- (4) Illustrations of all proposed building elevations to scale & picture of project when it's finished.
- (5) Samples of proposed building materials.
- (6) Color samples for proposed roof, siding, etc.

List of Materials that will be used on the project:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

The undersigned is applying for a Certificate of Appropriateness Permit for the following use: said permit is to be issued based on the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true & correct and agrees to follow all applicable laws.

Applicant's Signature: x _____ Date: ____/____/____

**** CHECKS PAYABLE TO: CITY OF JOHNSTOWN**
599 S. Main St. Johnstown, OH 43031

OFFICE USE ONLY:

Date Received in Office: ____/____/____ By: _____

Conditions Necessary for Approval: _____

Approved / Denied Date : ____/____/____

City Manager Signature: x _____