

**HOPKINSVILLE HISTORIC PRESERVATION COMMISSION  
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS  
SOUTH VIRGINIA STREET ALUMNI-LATHAM-MOORELAND**

The Hopkinsville Historic Preservation Commission meets the 2nd Wednesday of each month at 4:00 PM in City Council Conference Room of the Hopkinsville Municipal Center, 715 South Virginia Street, Hopkinsville. Please submit this completed application to Community and Development Services no later than 28 days prior to the scheduled meeting.

Applicant Name: \_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Business(if applicable): \_\_\_\_\_

Property Owner Name & Address: \_\_\_\_\_

Address of Proposed Changes: \_\_\_\_\_

Description of Proposed Changes (attach drawings and photos):

Submit the following information with the application. See the South Virginia Street Alumni-Latham-Mooreland Design Review Guidelines for detailed information on these requirements. The Commission cannot review your application until the necessary information is submitted.

**New Construction**

Scaled Drawings

Site Plan

Photographs

Materials List

**Addition/Alteration**

Photographs

Scaled Drawings

Materials

**Demolition**

Photographs

Current Evaluation

Demolition Cost

**AFFIDAVIT IN COMPLIANCE WITH SOUTH VIRGINIA STREET ALUMNI-LATHAM-MOORELAND DESIGN REVIEW GUIDELINES**

Under the provisions of the South Virginia Street Alumni-Latham-Mooreland Design Review Guidelines, I, the undersigned developer, do swear and affirm that the foregoing constitutes the names and addresses of all adjoining property owners to the property which I propose for Hopkinsville Historic Preservation Commission action. I further certify that I have verified the following names and addresses with the records maintained by the Property Valuation Administrator of Christian County.

<b>NAME</b>	<b>STREET ADDRESS</b>	<b>MAILING ADDRESS</b>
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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

COMMONWEALTH OF KENTUCKY)  
COUNTY OF CHRISTIAN           ) SCT.

The foregoing Affidavit in Compliance with the *South Virginia Street Alumni-Latham-Mooreland Design Review Guidelines* was acknowledged before me by \_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

Commission Expires \_\_\_\_\_

## AUTHORIZATION

Names and signatures of all persons having an interest in the property whose consent is required (by virtue of such interest) to authorize filing of application. All signatures represent that they have full legal capacity to, and hereby do, authorize the filing of this application.

Name (Please Print)

(Check Owner or Lessee)

1. \_\_\_\_\_

Owner

Lessee

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

2. \_\_\_\_\_

Owner

Lessee

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

## CERTIFICATION

I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge, and that I am to file this application and act on behalf of the signatories of the above authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name (Please Print)

\_\_\_\_\_

Owner

Agent of Owner

Address \_\_\_\_\_

Lessee

Agent of Lessee

\_\_\_\_\_

Other (specify) \_\_\_\_\_

Telephone \_\_\_\_\_

Person to be contacted regarding matters pertaining to this application if other than myself:

\_\_\_\_\_