

**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

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:
