

**HOPKINSVILLE HISTORIC PRESERVATION COMMISSION**  
**APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**  
**MOUNT PLEASANT**

The Hopkinsville Historic Preservation Commission meets the 2<sup>nd</sup> Wednesday of each month at 4:00 PM in City Council Chambers of the Lackey Municipal Building, 101 North Main Street, Hopkinsville. Please submit this completed application to the Hopkinsville-Christian County Planning Commission 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 [Mount Pleasant 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



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:

\_\_\_\_\_