

FILING FEE RECEIVED _____

DATE RECEIVED _____

RECEIVED BY _____

**CERTIFICATE OF APPROPRIATENESS
APPLICATION FORM**

Name of Property: _____

Address of Property: _____

Historic district in which property is located:

Property Owner

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (during day): _____

Applicant (if different from owner): _____

Street Address: _____

Telephone Number (during day): _____

| |
|--|
| Attachments |
| The following information is enclosed: |
| <input type="checkbox"/> Exterior photographs |
| <input type="checkbox"/> Sketches, elevation drawings and/or annotated photographs |
| <input type="checkbox"/> Floor Plans |
| <input type="checkbox"/> Site plan showing relative location of adjoining structures, if located within a district |
| <input type="checkbox"/> Specifications |
| <input type="checkbox"/> Other (explain) |

Description of Project

A. Architectural feature: _____

Approximate date of feature: _____

Describe existing feature: _____

Describe proposed work, materials to be used and impact on existing feature: _____

B. Architectural feature: _____

Approximate date of feature: _____

Describe existing feature: _____

Describe proposed work, materials to be used and impact on existing feature: _____

Signature of Applicant _____ Date _____

Return to: Regional Historic Zoning Commission
 329 Main Street
 Clarksville, TN 37040
 645-7448