WINCHESTER HISTORIC PRESERVATION OFFICE • CITY HALL 32 WALL ST. P.O. BOX 40 • WINCHESTER, KY 40392

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

APPLICATION

Property Address: _____

Applicant Name: _____ Owner Name: _____

Mailing Address: _____ Mailing Address:_____

_____ _____

Phone: _____ Phone: _____

Proposed Work: _____

_____

_____

_____

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Please refer to the checklist of materials required with your application.

(A meeting with the Winchester HPC to discuss the specific details of your project is strongly encouraged.)

REFERRAL

Historic Preservation Office Use Only

Historic District: _____ Case Number: _____

☐ Staff Reviewed Staff Review Date: _____

☐ Referral to WHPC WHPC Meeting Date: _____

Comments: _____

_____

ACTION

Recommendation

☐ Disapprove Comments: _____

☐ Approve with Conditions Comments: _____

☐ Approve Decision By: ☐ WHPC Staff

☐ WHPC

COA Issued: ☐YES ☐NO Date COA Issued: _____

Comments: _____

_____

_____ _____

(Winchester Historic Preservation Office Signature) (Date)