

**APPLICATION FOR A CERTIFICATE OF APPROPRIATENESS HISTORIC PRESERVATION COMMISSION
OF THE CITY OF LAPORTE**

Date of Submission: _____

All information requested must be completed on this application. If you have questions, please call the Office of Community Development & Planning at 362-8260.

Application is hereby made for a Certificate of Appropriateness as REQUIRED under Ordinance no. 1820
A Certificate of Appropriateness must be issued by the Historic Preservation Review Board **before** a permit is issued for, of the City of La Porte, Indiana, or work is begun on, any of the following:

- a. demolition or moving of any building
- b. a conspicuous change in the exterior appearance of existing buildings by additions, reconstruction, alteration, or maintenance involving exterior color changes
- c. any new construction
- d. a change in walls or fences or construction of walls or fences
- e. a conspicuous change in the exterior appearance of nonhistoric buildings subject to view from the public way by additions, reconstruction, alteration, or maintenance involving exterior color change

In addition to this application, there may be requirements of other state and/or local laws and regulations with which you must comply in order to undertake the project.

Applicant's name: _____ File No. _____

Address: _____

Phone: _____ Home: _____ Work: _____

Owner's name: _____

Address: _____

Phone: _____ Home: _____ Work: _____

Address of Property where work is to be done: _____
(indicate address or legal description) _____

Existing Use of Structure (residential, commercial, etc.): _____

Proposed Use of Structure: _____

Do you intend to apply for certification of historic rehabilitation for investment tax credit? _____

Description of project: _____

Emergency Repair? Describe Emergency Repair: _____
 YES NO _____

Documentation submitted: Please check all that are applicable:
 site plan photographs
 building plans, elevations samples / swatches
 drawings / sketches other/ please list

Please submit clear and concise documentation to explain the project
Signature of applicant: _____ Date: _____

Decision of Review Board: _____

Authorized Review Board
Signature: _____ Date: _____
Expiration Date (if any) _____