# **CHECKLIST**

## **COA Application for:**

	••
	PaintSignageWindowsDoorsAlteration
(Chec	ck all that apply and attach documentation to COA Application)
	Photographs of existing area to be changed (Required for all applications)
	Continuation Sheets
	Sketches of proposed changes (Including dimensions/size, color, style, and location)
	Site Plan/Survey (ww.decaturcounty.in.gov) Click on GIS Maps
	Elevations
	Floor Plans
	Samples/Material Specifications
	Copy of Historic Paint Color Chips (Available in the City Planning Office or at any paint store)
	Other



# CITY OF GREENSBURG HISTORIC PRESERVATION COMMISSION DOWNTOWN GREENSBURG HISTORIC DISTRICT CERTIFICATE OF APPROPRIATENESS (COA) APPLICATION

Date Application Received \_\_\_\_\_\_ Scheduled Meeting Date \_\_\_\_\_

applicatio	isburg Historic Preservation Commission, appointed by the mayor, meets monthly to review the COA ins that are subject to Commission review. The Greensburg Historic Preservation Commission cannot
-	Igment nor process an application without the specific documentation listed below. It is the
	<b>Towner</b> who must provide comprehensive documentation of the proposed project with adequate
information	on so that there is a complete understanding of the project for the Commissioners and Staff when
rendering	a decision. Please refer to the HPC Guidelines ( <u>www.cityofgreensburg.com/history.html</u> ) or
contact Sa	rah Hamer at the City Planning Office for assistance in formulating your proposal.
<u>A</u>	pplications will not be processed without all required or requested documentation.
W	ho is required to submit a Certificate of Appropriateness Application?
All proper	ty owners within the Downtown Historic District are required to obtain a COA from the Planning
Office at 0	City Hall before beginning any work (See map). If approved, a project must be initiated within one
year from	the date of the issuance of the COA. Please note that this is NOT a Building Permit. A separate
Building P	ermit may be required from the Greensburg Plan Commission prior to commencement of work on
the projec	t.
	PLEASE PRINT OR TYPE
Project Ac	ldress
Proposed	Work (Check all that apply)
□ <b>E</b> x	tterior Alteration (Installation/replacement of siding, change of façade, change of paint color, doors,
W	indows, awnings, roofing, fencing, lighting, construction of an addition, walkways, etc.)
□ La	indscaping (Installation of trees, street furniture, etc.)
□ Si	gnage (New or replacement)
	emolition (Provide justification for proposed demolition. Please attach a copy of the structural
er	ngineer's report if demolition is due to structural integrity concerns. Please attach an economic report
if	demolition is due to economic issues.)
	ew Construction
□ Re	elocation of a structure
□ <b>O</b> 1	ther
Rev. Date	3/01/2022 1 COA#
Dutt	

## **Documentation Checklist to Support Application**

(Check all that apply and attach documentation to COA Application) Photographs of the existing area to be changed (Required for all applications) **Continuation Sheets Sketches of proposed changes** (Including dimensions/size, color, style, and location) Site Plan/Survey (ww.decaturcounty.in.gov) Click on GIS Maps **Elevations Floor Plans Samples/Material Specifications Historic Paint Color Chips** (Available in the City Planning Office or at any paint store) Other Description of Proposed Work \_\_\_\_\_

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All applications must be returned to the Planning Office by 4:00 p.m. fourteen (14) calendar days preceding the Historic Preservation meeting in order to be processed for the agenda. The Applicant or his/her representative must attend the Commission scheduled meeting. If the application is approved, the Applicant may proceed to the Planning Commission Office for a copy of the approved COA and any other permits that may be required. The approved COA, as well as any other permits, must be displayed on the front of the building until the completion of the project. If your application is not approved, the Commission must state its reason for denial in writing and will advise the Applicant. The Commission may grant a 30-day extension.

Office Staff will review your application and provide recommendations to the Commission.

<u>Applicant</u>	
Print Name	
Signature	
Address	
Phone	
PhoneCell Phone	
Email Address	
Property Owner(s) (If different from Applicant)	
Print Name	
Signature	
Address	
Phone	
Cell Phone	
Email Address	
FAX Number	
Property Owner(s) (Continued)	
Print Name	
Signature	
Address	
Phone	
Cell Phone	
Email Address	
FAX Number	
Rev. Date 03/01/2022 3 COA#	

### **Leave This Page Blank: For Office Use**

Applicant Name		
Project Address		
Date of HPC Action	Approved as submitted	
Approved with Conditions (Condition	ns to be attached)	
Denied – Reasons for denial		
Date COA Issued	COA#	
Office Staff Signature		
HPC Signature		

Historic Preservation Commission City Hall 314 W. Washington Street Greensburg, IN 47240

#### **OFFICE STAFF**

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Monday - Friday 8 a.m. - 4 p.m. (Closed for lunch 12 - 1 p.m.)

Rev. Date 03/01/2022

COA # \_\_\_\_\_