



HISTORIC DESIGN REVIEW APPLICATION - CERTIFICATE OF APPROPRIATENESS - FENCE

<b>PROPERTY OWNER(S)</b>	<b>Applicant Name(s):</b>			
	<b>Mailing Address:</b>			
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
	<b>Location of Property:</b>			
	<b>Parcel Number:</b>		<b>Zoning:</b>	
	Historic District <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Gateway Overlay <input type="checkbox"/> YES <input type="checkbox"/> NO			
	<b>Contact Phone Number:</b>			
	<b>Email Address:</b>			
	<b>SITE LOCATION:</b> (street address / lot #):			
<b>SUBJECT PROPERTY</b>	<b>PROJECT:</b> Please provide a short description of proposed project.			
	<b>Project Type:</b>	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL		
	<b>Style of Existing Home or Building</b>			
<b>REQUESTED SERVICES</b>	<i>Please select one per application:</i>		<b>Fee</b>	<b>Date Received</b>
	<input type="checkbox"/> Design Consultation Meeting		<b>\$150.00 *</b>	
	<input type="checkbox"/> Preliminary Design Review for Board Consideration		<b>\$175.00 *</b>	
	<input type="checkbox"/> Final Design Review for Board Consideration		<b>\$175.00 *</b>	
	<input type="checkbox"/> Final Built Design Inspection - Prior to C.O.		<b>\$200.00</b>	

\*over 2 hours will be charged an additional \$75.00 per hour

\_\_\_\_\_  
Signature of Applicant or Phone Representative

\_\_\_\_\_  
Date

For more information or assistance visit lakehelen.com or contact Historic Design Review Consultant (HDRC) or City Clerk to set up an appointment to discuss the process, designs and applications: Phone: (386) 228-2121 or (386) 228-4279. Email questions and concept drawings prior to meetings to: [afaith@lakehelen.com](mailto:afaith@lakehelen.com)



**GATEWAY HISTORIC STYLE OVERLAY  
CERTIFICATE OF APPROPRIATENESS - FENCE ONLY**

PLEASE FILL OUT ALL INFORMATION AND ATTACH ALL SUPPORTING INFORMATION. IF NOT APPLICABLE TO YOUR PROJECT PUT N/A.

**PROPERTY INFORMATION**

Location of property (address)	
Parcel Number	
Applicant Name	
Applicant Type	<input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DESIGN PROFESSIONAL <input type="checkbox"/> OTHER:
Applicant Address	
Applicant Phone Number	
Applicant Email Address	
Property Owner	
Property Owner Address	
Property Owner Phone Number	

**PROJECT INFORMATION**

Project Type:	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL:
Description of Work	

**SITE / FENCE INFORMATION CONCEPT DESIGN**

FENCE ELEMENTS	INFORMATION REQUESTED	PROVIDE ADDITIONAL INFORMATION
Front Yard Fence Height	Specify:	
Rear Yard Privacy Fence Height	Specify:	
Fence Style	Style / Color:	Show Location on Site plan
Gates Style	Style / Color:	Show Location on Site plan
Survey Attached showing proposed locations and Heights	Yes:	

Signature of Applicant / Owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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