



HISTORIC DESIGN REVIEW APPLICATION - CERTIFICATE OF APPROPRIATENESS - MOD.

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

*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.org



**GATEWAY HISTORIC STYLE OVERLAY
CERTIFICATE OF APPROPRIATENESS
- REQUEST FOR MODIFICATION**

PLEASE FILL OUT ALL INFORMATION AND ATTACH ALL SUPPORTING INFORMATION. INCLUDING BUT NOT LIMITED TO, PREVIOUS COA AND FINAL COA IMAGES AND SHOWING AREAS OF MODIFICATION(S), DETAILS AND IMAGERY CLEARLY CONVEYING PROPOSED CHANGES. ALSO INCLUDE ANY REASONS FOR THESE MODIFICATIONS YOU FEEL THE BOARD SHOULD KNOW DURING THEIR CONSIDERATION AND REVIEW ETC. IF NOT APPLICABLE TO YOUR PROJECT PUT N/A.

PROPERTY INFORMATION

Location of property (Site address)	
Applicant Name:	
Applicant Type:	<input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DESIGN PROFESSIONAL <input type="checkbox"/> OTHER:
Applicant Contact information:	
Owners Contact information	
If not Applicant:	

PROJECT INFORMATION

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

INFORMATION ABOUT PROPOSED MODIFICATION

PREVIOUS ITEM	PROPOSED MODIFICATION TO	PROVIDE ADDITIONAL INFORMATION
	Specify:	

Signature of Applicant / Owner _____ Date _____

Printed Name _____

For more information or assistance visit lakehelen.com or contact Historic Design Review Consultant (DRC) 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 to: afaith@lakehelen.org