

Application for Certificate of Appropriateness

COA -

Date Received:

Planner Initials:

Date Found Sufficient:

Violation/Citation #: _____

Plan Review/COA Inspection **Required**

For more information regarding this form call: (904) 255-7859. Submit signed, completed form in person, by email (historicpreservation@coj.net), U.S. mail (see address below), or by faxing it to: (904) 255-7885.

PROPERTY INFORMATION

Property Designation	<input type="checkbox"/> Riverside/Avondale Historic District	<input type="checkbox"/> St. Johns Quarter Historic District	<input type="checkbox"/> Springfield Historic District	<input type="checkbox"/> Local Landmark
Property Address				Zip Code
Real Estate #				
Type of Improvement	Describe proposed work below. Note affected features and changes in design or materials. Be as specific, brief, and legible as possible (Example: reroof; replacing grey 3-tab shingles with black architectural shingles). Submit all required supplemental information/documentation (See Sufficiency Rider) with application.			

APPLICANT INFORMATION (Please Print Neatly)

Applicant is (check one and must sign below): <input type="checkbox"/> owner <input type="checkbox"/> contractor <input type="checkbox"/> architect <input type="checkbox"/> other agent				
★ Building Owner's Name:		Architect's Name:		
Address:		Address:		
City, State & Zip:		City, State & Zip:		
Phone:	Fax:	Phone:	Fax:	
Email:		Email:		
Agent represents <input type="checkbox"/> owner <input type="checkbox"/> contractor <input type="checkbox"/> architect <input type="checkbox"/> consultant <input type="checkbox"/> other				
Contractor's Name:		Agent's Name:		
Address:		Address:		
City, State & Zip:		City, State & Zip:		
Phone:	Fax:	Phone:	Fax:	
Email:		Email:		

I HEREBY CERTIFY that I understand this application will not be processed until all the requested information has been supplied and is not considered complete until staff deems it is complete. I also understand this application may require a site visit, sufficiency review meeting, additional research, staff discussion and a PUBLIC HEARING by the JACKSONVILLE HISTORIC PRESERVATION COMMISSION (JHPC) which may affect the processing time.

Print name and Signature(s) of Owner(s) _____ Date _____

Print name and Signature of Agent/Arch/Cont _____ Date _____

★ Owner's Info Always Required