



CERTIFICATE OF APPROPRIATENESS APPLICATION



STAFF REVIEW

Submittal Date: _____ Received By: _____

Address _____ of _____ Property: _____

Historic District/Site: _____ COA No. _____

INSTRUCTIONS FOR COMPLETING AND FILING THE STAFF COA APPLICATION

Applications may be submitted to the Planning and Zoning Department at any time between the hours of 8:00 a.m. and 5:00 p.m., Monday thru Friday. The Historic Preservation Planner will review the completed application at the time of submittal. There is **NO FEE** for a Staff COA review. See Historic Preservation Planner for list of items approved administratively. Any Certificate of Appropriateness permitted to be administratively approved by Staff may be referred to the Historic Preservation Board.

Pursuant to the City's Land Development Regulations' Section 2.4.6(J)(2)(b) no application for a COA will be accepted by the HPB unless it contains all required and pertinent information. A pre-application conference with a member of the Planning staff is strongly recommended, and can be scheduled at your convenience. We will be glad to assist you in any way possible.

CHECKLIST FOR DOCUMENTATION ATTACHED IN SUPPORT OF APPLICATION

Please be certain to submit sufficient documentation to ensure an accurate assessment of the project.

- Historical Information** - For ALL Contributing AND Non-Contributing Properties
- Site Plan and/or Survey**
- Exterior Elevations** – Of ALL elevations; directional labels, dimensions, height, roof pitch, etc. must be noted.
- Landscape Plan** – To include all hardscaping (existing/proposed), must be certified by a registered Landscape Architect.
- Floor Plans**
- Other Plans** - i.e. Demolition Plan
- Window and Door Schedule** – To include window type, material, number of lights, dimensions, manufacturer's cut sheet, profile drawings.
- Architectural Drawings, Sketches or Artistic Renderings**
- Attachment Sheets** – When necessary.
- Photographs** - Of ALL elevations of each building or structure on the subject property must be attached. If the subject property is vacant, photographs of the site must be attached. Label ALL photographs with address and cardinal direction.
- Samples of Building Materials and Colors** (See Page 3)

COA No _____

Date Received _____

**CITY OF DELRAY BEACH PLANNING AND ZONING DEPARTMENT
STAFF APPROVED COA APPLICATION**

If approved, a COA is valid for 24 months from the date of approval.

Project Name: _____

Address or General Location: _____

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PART ONE - APPLICANT INFORMATION:

APPLICANT

Name: _____

Mailing Address: _____

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Telephone Number: _____ E-Mail: _____

AGENT

Name: _____

Mailing Address: _____

—

Telephone Number: _____ E-Mail: _____

OWNER (if other than applicant)

Name: _____

Mailing Address: _____

—

Telephone Number: _____ E-Mail: _____

Applicant is: Owner [] Lessee [] Other _____

PART TWO - PROPERTY INFORMATION:

Property Control Number: _____

Legal Description (attach separate sheet if necessary): _____

Historic District or Site: _____

Zoning Designation: _____

Existing Use of Property: _____

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Description of Work (attach separate sheet if necessary): _____

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Exterior Colors

Please Provide color chips of any proposed colors.

| Element | Proposed/Existing | Material | Color | Other |
|-------------|-------------------|----------|-------|-------|
| Roof | | | | |
| Windows | | | | |
| Doors | | | | |
| Trim/Fascia | | | | |
| Wall | | | | |
| Wall | | | | |
| Railing | | | | |
| Fence | | | | |
| Other: | | | | |

SIGNATURE(S) OF OWNER(S)/APPLICANT(S)

The undersigned owner(s) and/or applicant(s) certifies under penalties of perjury that all the statements contained in this application, including any statements attached to the application or any papers or plans submitted herewith are true and correct.

Owner's Signature _____ Date _____

Owner's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

STAFF ACTION

COA Number _____

Filing Date _____

On-site Inspection _____

Approved _____

Approved with Modification _____

Referred to HPB _____

Finding of Fact _____

