CERTIFICATE OF APPROPRIATENESS APPLICATION

Historic Preservation Commission | City of Angola
210 N. Public Square, Angola, Indiana 46703 | 260.665.7465 | 260.665.9164 fax | planning@angolain.org

APPLICANT/PROPERTY OWNER INFORMATION

Applicant/ Contractor	**Name**	
	Address	
	Phone / Email	
Business	**Name**	
	Phone / Email	
Property Owner *If same as applicant write same*	**Name**	
	Address	
	Phone / Email	

PROJECT LOCATION

Address _____

PROJECT INFORMATION

Project Description _____
For example include placement/location, size, colors (paint color or color of tuckpointing material), signs including type of material & letter styles, details on support/anchoring to building, etc.

Estimated Start Date _____ **Estimated Completion Date** _____

Estimated Cost of Project *$* _____

Additional Information _____

Attachment Checklist ☐ *Elevations/Photos* ☐ *Site Plan* ☐ *Sample/ Swatches (colors, material etc.)*

APPLICANT SIGNATURE

I, the owner or authorized applicant of the owner of record, agree that any construction, reconstruction, enlargement, relocation or alteration of a structure, or any change in the use of land or structures requested by this application will comply with, and conform to, all applicable laws of the State of Indiana and the Municipal Code of Angola, Indiana. The information provided in this application is true and accurate to the best of my knowledge. Further I hereby agree that any construction commenced at the address indicated above shall be in compliance with the permit stipulations. I also understand that any violation of said permit conditions and ordinances may lead to penalties including, but not limited to, stop work orders, revocation of permit, and other penalties as described in AMC 1.15.010. I agree to allow inspection of the above project site by city personnel and equipment including aerial photography.

Signature of Applicant/Authorized Representative	*Printed Name*	*Date*
Signature of Applicant	*Printed Name*	*Date*

OFFICE USE ONLY

Date Received: _____ Received by: _____ *If applicable,* HPC Mtg Date: _____