



CITY OF FORT OGLETHORPE  
PLANNING AND ZONING

**Historic Overlay Application for Compliance**

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Application Fee \$50: Receipt #: \_\_\_\_\_  
Zoning Official verified application completion: \_\_\_\_\_ Date: \_\_\_\_\_

Designated property location: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Architect: \_\_\_\_\_

Architect Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best time to contact you by phone: \_\_\_\_\_

- |   |   |                        |
|---|---|------------------------|
| <input type="checkbox"/> Addition to existing structure | <input type="checkbox"/> Alteration to existing structure | Estimate cost: _____   |
| <input type="checkbox"/> Repair                         | <input type="checkbox"/> New Construction                 |                        |
| <input type="checkbox"/> Fence/Wall                     | <input type="checkbox"/> Landscaping                      | Start Date: _____      |
| <input type="checkbox"/> Parking                        | <input type="checkbox"/> Sign/Advertising                 |                        |
| <input type="checkbox"/> Demolish/More                  | <input type="checkbox"/> Other: _____                     | Completion Date: _____ |

Description of work to be done: (include the purpose, materials to be used, a completed look)

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**PROFESSIONAL DRAWINGS AND DOCUMENTATION MAY BE REQUIRED FOR SOME PROJECTS**

I certify that all information herein is correct and true. Date: \_\_\_\_\_

Owners Printed Name: \_\_\_\_\_ Owners Signature: \_\_\_\_\_