



# City of Fort Oglethorpe Building Department

500 City Hall Drive  
Fort Oglethorpe, GA 30742  
706-866-2544, Ext 1200

## APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

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|---------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Pre-Application                | <input type="checkbox"/> Contributing                      |
| <input type="checkbox"/> Preliminary Site Visit Request | <input type="checkbox"/> Non-Contributing                  |
| <input type="checkbox"/> Application                    | <input type="checkbox"/> Date Received: ____/____/____     |
|                                                         | <input type="checkbox"/> Hearing Scheduled: ____/____/____ |

### Designated Property:

1. Property Location: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Architect: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Type of Building:

- Single Family
- Two Family
- Multi-Family
- Garage
- Other: \_\_\_\_\_  
\_\_\_\_\_

### Proposed Work:

- Addition to Existing Structure
- Repair
- Fence/Wall
- Parking
- Demolish/More
- Alteration to Existing Structure
- New Construction
- Landscaping
- Sign/Advertising
- Other: \_\_\_\_\_  
\_\_\_\_\_

## Description of Exterior Work

1. What work is planned?

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2. Why is the work planned?

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3. What materials will be used?

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4. How will the work be performed? What method of application will be used?

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5. Will the appearance be the same or different? Explain:

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6. What is the estimated cost?

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7. When is the work to begin?

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8. What is the anticipated completion date? \_\_\_\_/\_\_\_\_/\_\_\_\_

THE APPLICATION MUST BE FILED WITH THE CHIEF BUILDING OFFICIAL OF THE CITY OF FORT  
OGLETHORPE AT LEAST TEN (10) DAYS PRIOR TO THE NEXT MEETING OF THE COMMISSION.

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

Owners Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_