



CITY OF FORT OGLETHORPE
BUILDING DEPARTMENT

Application for Certificate of Appropriateness

- | | |
|---|---|
| <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 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: _____

Type of Building:

- Single Family
- Two Family
- Multi-family
- Garage
- Other: _____

Proposed Work:

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

Description of exterior work

- 1. What work is planned? _____

- 2. Why is the work planned? _____

- 3. What materials will be used? _____

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

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

- 6. What is the estimated cost? _____

- 7. When is the work to begin? _____

- 8. What is the anticipated completion date? ____/____/____

The application must be filed with the building official of the City of Fort Oglethorpe at least ten (10) days prior to the next meeting of the commission. I certify that all information herein is correct and true.

Owners Printed Name: _____

Owners Signature: _____ **Date:** _____

Office Use:

Revised 8/26/24

Application received by: _____ Date: _____

Zoning Official verified application completion: _____ Date: _____