

**GIBBSBORO HISTORIC PRESERVATION APPLICATION
TO PLANNING /ZONING BOARD
FOR A CERTIFICATE OF APPROPRIATENESS
CHAPTER 222**

TYPE OF APPLICATION (PLEASE CHECK ONE)

CERTIFICATE OF APPROPRIATENESS: _____
EXEMPTION: _____
EXEMPTION WAIVER:* _____
EMERGENCY REPAIRS: _____
DEMOLITION: _____

* Exemption waiver may be granted for repairs when the cost of repairs is less than \$1,000 **and** the repairs constitute an **exact** replacement of that which existed prior to needed repairs.

DATE SUBMITTED: _____

(NOTE: application must be submitted at **least 30 days** prior to scheduled Planning/Zoning Board meeting.)

ADDRESS OF STRUCTURE: _____

PLATE NO. _____ BLOCK(S) _____ LOT(S) _____

OWNER'S NAME: _____ PHONE # _____
(include area code)

ADDRESS IF DIFFERENT FROM ABOVE: _____

ARCHITECT (IF APPLICABLE)

CONTRACTOR (IF APPLICABLE)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

City State Zip code

City State Zip code

NATURE OF PROPOSED WORK:

_____ ADDITION
_____ RESIDING
_____ RESTORATION
_____ SIGNS

_____ RENOVATION
_____ REPAIR
_____ REHABILITATION
_____ OTHER

STATE: ALTERATION _____ OR REPLACEMENT _____ OF ARCHITECTURAL FEATURES LISTED BELOW:

WINDOWS, MOUNTINGS _____	STEPS _____
WINDOW FRAMING _____	RAILINGS _____
DORMERS _____	PORCH _____
DOORWAYS _____	FENCE _____
DOORS _____	CUPOLA (LANTERN) _____
ROOF _____	BALUSTRADE _____
CHIMNEY _____	PENT EAVES _____
CORNICE _____	SIGNS _____
SHUTTERS _____	BRICK WORK _____
SIDING _____	OTHER _____

PLEASE CHECK ONE:

TO THE BEST OF MY KNOWLEDGE, I WILL _____ WILL NOT _____ ATTEND THE SCHEDULED HEARING DATE.

NOTE: IF YOU CANNOT ATTEND THE HEARING, YOUR APPLICATION MAY BE DEEMED INCOMPLETE UNTIL FURTHER INFORMATION IS RECEIVED.

SIGNATURE OF OWNER: DATE: _____

CHECK LIST OF ITEMS TO BE SUBMITTED TO PLANNING/ZONING BOARD:

1. _____ TEN (10) COPIES OF APPLICATION
2. _____ TEN (10) COPIES OF WRITTEN DESCRIPTION OF PROPOSED WORK
3. _____ TEN (10) COPIES OF MATERIAL SPECIFICATIONS
4. _____ TEN (10) COPIES OF SKETCH PLAN OF PROPOSED ADDITIONS AND/OR ALTERATION
5. _____ PHOTOGRAPHS SHOWING FEATURES TO BE REPLACED

I, _____ CERTIFY THAT THE REQUIRED ITEMS LISTED ABOVE ARE COMPLETE _____, NOT COMPLETE _____.

MUNICIPAL CLERK

RECOMMENDATION OF PLANNING/ZONING BOARD:

COMMENTS:

APPROVED: _____

DENIED: _____

DATE OF ACTION: _____

SECRETARY