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   _____ RENOVATION

_____ RESIDING   _____ REPAIR

_____ RESTORATION   _____ REHABILITATION

_____ SIGNS   _____ 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.

_____   DATE:_____

SIGNATURE OF OWNER:

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

1. _____   FOURTEEN (14) COPIES OF APPLICATION
2. _____   FOURTEEN (14) COPIES OF WRITTEN DESCRIPTION OF PROPOSED WORK
3. _____   FOURTEEN (14) COPIES OF MATERIAL SPECIFICATIONS
4. _____   FOURTEEN (14) 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