



Application for a Certificate of Appropriateness (COA)

Community Development and Revitalization Department
260 S. Garber Drive, Tipp City, Ohio 45371
Phone: 937-667-6305
www.tippcityohio.gov

For Staff Use Only

Submittal Date:

Date Application Determined Complete:

Date of Restoration Board Meeting:

Permit #:

Staff Initials:

Certificate of Appropriateness Information

1. An application for a certificate of appropriateness may be reviewed by the Zoning Administrator or the Restoration Board depending on the significance of the project. The Zoning Administrator has the authority to forward any application to the Restoration Board for review. To determine the review authority, see Section 154.03(E)(2) of the Tipp City Zoning Code and the Restoration District Guidelines.
2. The review procedure and criteria are established in Section 154.03(E) of the Tipp City Zoning Code.
3. Approval of a COA application does not guarantee any other approvals (e.g., zoning permit or building permit reviews). The applicant shall be responsible for applying for any other necessary permits or reviews.

Basic Information

Project Address:

Lot Number:

Existing Zoning District:

Describe the Existing Use of the Property:

Type of Work: Exterior Painting Replacement of Materials Structural Alteration/Addition Demolition
 Moving of Structure Other:

Applicant Information

Applicant Name:

Owner Name:

Contact Person:

Contact Address:

Contact Phone Number:

Contact E-Mail:

The applicant may attach a separate sheet of a paper with contact information for additional people, if necessary (e.g., additional owners, registered engineer, landscape architect, etc.).

Project Information

1) Describe the proposed work.

For Expedition of Review, please include the following:

<input type="checkbox"/>	One copy of detailed scale drawing or blueprints (as applicable) to illustrate proposed work.
<input type="checkbox"/>	Sketches, color samples, material samples, or other exhibits necessary to demonstrate compliance with the applicable standards and guidelines.
<input type="checkbox"/>	Any additional materials that may be requested by the Zoning Administrator or Restoration Board during the review process.

Signature

I certify that, to the best of my knowledge, the information contained in this form and within any attachments is correct and truthful. Furthermore, I certify that I am the property owner or a duly authorized agent of the property owner for this application. I understand that knowingly falsifying this information may be grounds for the denial or revoking of this application and any subsequent review applications.

Print Name:

Signature:

Date:

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Reviewing Authority: Zoning Administrator Restoration Board

Decision: Approval as Submitted Approval with Conditions Denial

Date of Action:

Conditions:

Additional Comments:

Board Approval

Board Chairman

Administrative Approval

Zoning Administrator