



LANDMARKS COMMISSION

CERTIFICATE OF APPROPRIATENESS (COA) APPLICATION

SUBMITTAL DATE: _____

DATE RECEIVED: _____

Property Name: _____

Address: _____

City: _____

Applicant:

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Property owner:

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Property owner's signature/consent: _____ **Date:** _____**Is the project likely to receive Federal or State financial assistance?** _____

If so, please indicate the source: _____

Does the project require a building permit? _____**Will the project involve ground-disturbance?** _____

If so, please indicate how archaeological concerns are being addressed: _____

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Please refer to the COA instructions sheet for project information requirements.

PROJECT SUMMARY: