

**APPLICATION FOR
CERTIFICATE OF APPROPRIATENESS**

Town of Pulaski
42 1st Street, NW
Pulaski VA 24301

Phone: 540-994-8696
Fax: 540-994-8699



APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Date of Application: _____



Property Owner Information	
Property Owner(s) Name	
Owner's Mailing Address	
City/State/ZIP Code	
Telephone Number	

Agent or Applicant Information	
Agent or Applicant Name	
Business Name (if applicable)	
Mailing Address	
City/State/ZIP Code	
Telephone Number	

Property Information	
Property Address/Location	
Deed Book Number	Page Number
Tax Parcel Number	
Total Area	<input type="checkbox"/> Acres <input type="checkbox"/> Square Feet
Current Use of Property	
Description of Existing Buildings/Structures	
Current Zoning Classification	
Approximate Year of Construction	
Is Property a Contributing Historic Structure?	

Project Type	
<input type="checkbox"/> Painting	<input type="checkbox"/> Roof, Cornice, Parapet
<input type="checkbox"/> Lighting	<input type="checkbox"/> Windows and Doors
<input type="checkbox"/> Signage	<input type="checkbox"/> Demolition
<input type="checkbox"/> Storefront	<input type="checkbox"/> New Construction
<input type="checkbox"/> Other	_____

Project Description
(Please use space below and back of form if necessary)

Required Attachments
<input type="checkbox"/> Photographs showing existing building conditions
<input type="checkbox"/> Measured elevation drawings showing proposed elements (if applicable)
<input type="checkbox"/> Site Plans (for new construction/additions), showing existing and proposed structures, landscaping, walls, fences, property lines, and other relevant features
<input type="checkbox"/> For Sign Proposals - A detailed scaled drawing showing sign lettering, details, color, and type of materials
<input type="checkbox"/> Specifications on materials to be used in project

Owner and Agent Signatures

Both the applicant/agent and property owner must sign the application. Applicants are to complete the required Architectural Review Board process before beginning any construction, remodeling, demolition or other significant activities permitted under the Town's Zoning Regulations.

Administrative review of applications are normally completed within 10 business days. If applicable, a hearing with the Architectural Review Board will be scheduled within 30 days of receiving the application for a Certificate of Appropriateness.

I/We affirm and certify that I/we understand and will comply with the provisions and regulations of the Town of Pulaski Zoning Ordinance. I/we further certify that the statements in this application and any plans or papers submitted are true to the best of my/our knowledge and belief.

Signature of Property Owner

Printed Name of Property Owner

Date

Signature of Applicant/Agent

Printed Name of Applicant/Agent

Date