



Case No. _____

**CITY OF HOT SPRINGS
HISTORIC DISTRICT COMMISSION
APPLICATION FOR
CERTIFICATE OF APPROPRIATENESS**

ADDRESS OF BUILDING: _____

NAME OF BUSINESS: _____

PROJECT DESCRIPTION: _____

IF NECESSARY, CONTINUE PROJECT DESCRIPTION ON REVERSE SIDE

Applicant/Agent

Property Owner (if different)

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Applicant/Agent Signature

Date

It is our goal to assist you in making your project a success in a timely manner. Please call if you have any questions or need assistance from the City of Hot Springs Planning Department, 133 Convention Blvd., Hot Springs, AR 71901 (501-321-6856).

PROPERTY OWNER CERTIFICATION: I(We), the undersigned, hereby certify that I(we) am(are) the owner(s) of the property for which this application is being made and I(we) concur with the applicant's request as described above.

Signature

Signature

Printed Name

Printed Name

Submission Deadline: _____

HDC Meeting Date: _____

Additional Description Of Work To Be Performed: _____

*****Commission Action (For Office Use Only)*****	

<u><i>Certificate of Appropriateness</i></u>	<u><i>Certificate of Compliance</i></u>
_____ Approved _____ Denied _____ Approved with conditions as noted	_____ Approved _____ Denied
Comments: _____ _____ _____	Comments: _____ _____ _____
Verified By: _____	Verified By: _____
Date: _____	Date: _____

FOR OFFICE USE ONLY

CERTIFICATE OF APPROPRIATENESS APPLICATION FEE: \$ 25.00

\$ _____ Amount Paid	_____ Date	_____ Rec'd by
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