

CITY OF STE.GENEVIEVE, MISSOURI

165 S. Fourth Street
Ste. Genevieve, MO 63670
Phone (573) 883-5400 Fax (573) 883-8105

Date Received: _____

**APPLICATION
CERTIFICATE OF APPROPRIATENESS**

PLEASE FILL OUT COMPLETELY

PLEASE PRINT

PROJECT INFORMATION

ADDRESS: _____

CHECK ALL THAT APPLY: ADDITION ___ RENOVATION ___ RESTORATION ___ REPAIR ___
DEMOLITION
REHABILITATION ___ ACCESSORY BUILDING ___ FENCE ___ OTHER ___

Briefly Describe the Request:

CONTACT INFORMATION

APPLICANT/PROPERTY OWNER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____ E-MAIL: _____

***** Email to be used for any communication by city staff. *****

CONTRACTOR: _____ LICENSE NO: _____

ADDRESS: _____

PHONE #: _____

I CERTIFY THAT I AM THE OWNER IN FEE OR AGENT & AUTHORIZED TO APPLY FOR THIS CERTIFICATE OF APPROPRIATENESS. I UNDERSTAND THAT THE SUBMITTAL OF INCOMPLETE PLANS OR FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY MAY RESULT IN THE DELAY OF PLAN REVIEW AND PLACEMENT ON THE MEETING AGENDA.

Signature: _____ Date: _____

Signature: _____ Date: _____

****The signature of each owner of record must accompany this application!***

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PROPERTY DESCRIPTION

YEAR BUILT: _____

ARCHITECTURAL STYLE: _____

Is the property considered to be a contributing building of a designated Historic District?

Yes No

Has the property been designated as any of the following?

Local Historic Landmark? Yes No

National Historic Landmark? Yes No

Is the property considered eligible for either designation?

Yes No

Please give a brief history and significance of the property:

PROJECT DESCRIPTION

Will the proposed project comply with the Ste. Genevieve, Missouri
Design Guidelines, Historic Preservation Ordinance, and
The Secretary of the Interior's Standards?

Yes No

If not, how will the proposed project vary from the above guidelines?

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Explain the reason(s) for varying from the above guidelines. ***(If the reason includes a hardship, you will be required to include supporting documentation with the application:***

WITH THIS APPLICATION, PLEASE INCLUDE:

- A list of materials to be used for this project. *(If possible, please bring samples to the meeting for the Commission to examine).*
- A site plan of the property *(please include dimensions)* if applicable.
- Detailed drawings of any construction plans.
- Photos of your property, including *any historical photos* if available.
- Supporting documentation if declaring a hardship *(includes price quotes for all materials, including estimates for substituted materials)*

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FOR OFFICE USE ONLY

Is property in a floodplain: Yes No

Does project require a building permit Yes No

Does project require a variance or SUP Yes No _____

Does project require approval of Board of Alderman Yes No

Historic Preservation & Landmarks Commission Meeting Date: _____

Approved Denied

Planning & Zoning Administrator

Date