

Historic Preservation Studio
Office of Design
55 Trinity Avenue S.W., Suite 3350
Atlanta, Georgia 30303 (404) 330-6145



Department of
CITY PLANNING

Application #: _____
Date Accepted: _____

Application for Certificates of Appropriateness, Staff Review, and Review and Comment

Applicant's Name _____

Applicant's Address _____

City _____ State _____ Zip _____

Phone # _____ E-Mail _____

DESCRIPTION OF PROPERTY:

Property Address _____

Zoning Category _____ Beltline? _____ In SPI / MR / MRC / NC? _____

Is Inclusionary Zoning applicable to this project? Yes No

*Note: IZ is applicable to all new or conversion multifamily residential rental projects with ten (10) or more units in either the Beltline Overlay District or four Westside Neighborhoods (English Avenue, Vine City, Ashview Heights, or AUC). For these projects, applicant must complete and submit the supplemental Inclusionary Zoning Certification form.

DESCRIPTION OF PROJECT:

Describe clearly and in detail all proposed construction, alterations, repairs and other changes to the exterior appearance or site. The Office of Design Staff will use this description to determine the appropriate application type. Additional pages may be used if more space is needed, but "See Attached" will not be accepted

The Office of Design Accepts Applications
Monday through Friday from 8:30 Am to 3:00 PM
Incomplete applications will NOT be accepted.

Application Checklist

Required Submission Materials: (*Incomplete applications will NOT be accepted*). All submitted materials are retained by the Office of Design and not returned to the applicant.

Many scopes will require Compatibility Comparisons. Please see District regulations for specific requirements.

- Alterations with no structural changes (repairs/replacement):
 - Photographs
 - Manufacturer's spec. sheets for replacement products
- Alterations with structural changes:
 - Elevations
 - Photographs
- Additions and new construction:
 - Site Plans
 - Elevations
 - Photographs
- Specific requirements for window and door work:
 - Window and door repair:
 - Photographs of each window and door proposed for repair keyed to a rough floor plan
 - Description of the repair methods that will be used
 - Window and door replacement:
 - Photographs of each window and door proposed for replacement keyed to a rough floor plan
 - Elevations (only if windows are changing location)
 - Information detailing the infeasibility of repairing the existing windows and doors including various methods considered; and,
 - Information on the proposed replacement window product (Manufacturers Spec. Sheet)
- Specific requirements for fences and site work:
 - To-scale site plans which show all 4 corners of the subject property and the structure
 - For fences and walls:
 - The location, height, and materials of the fence/wall clearly noted on the site plan
 - For paving:
 - The location and materials of the paving clearly noted on the site plan
 - For decks
 - The location of the deck clearly noted on the site plan

While it is not required and will not affect the outcome of your review, the Office of Design Staff strongly recommends that you contact your neighborhood association for their input on your project before submitting for a review.

I HEREBY AUTHORIZE THE OFFICE OF DESIGN STAFF AND MEMBERS OF THE ATLANTA URBAN DESIGN COMMISSION TO INSPECT THE PREMISES OF THE ABOVE DESCRIBED PROPERTY. I HEREBY DEPOSE AND SAY THAT ALL STATEMENTS HEREIN AND ATTACHED STATEMENTS SUBMITTED ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT OR AGENT

for, DOUG YOUNG, EXECUTIVE DIRECTOR

Authorization by Property Owner

(Required only if the applicant is not the owner of the property subject to the proposed application.)

(Please Print Clearly)

I, _____ (OWNER'S NAME) SWEAR AND AFFIRM THAT I AM THE OWNER OF THE PROPERTY AT _____ (PROPERTY ADDRESS). AS SHOWN IN THE RECORDS OF _____ COUNTY, GEORGIA, WHICH IS THE SUBJECT MATTER OF THE ATTACHED APPLICATION. I AUTHORIZE THE PERSON NAMED BELOW TO FILE THIS APPLICATION AS MY AGENT.

NAME OF APPLICANT:

LAST NAME _____ FIRST NAME _____

ADDRESS _____ SUITE _____

CITY _____ STATE _____ ZIP CODE _____

OWNER'S TELEPHONE NUMBER: _____

SIGNATURE OF OWNER

PRINT NAME OF OWNER

PERSONALLY APPEARED BEFORE ME THE ABOVE NAMES, WHO SWEARS THAT THE INFORMATION CONTAINED IN THIS AUTHORIZATION IS TRUE AND CORRECT TO THE BEST KNOWLEDGE AND BELIEF.

NOTARY PUBLIC

DATE