

**City of Water Valley Historic
Preservation Commission**

207 North Main Street, Water Valley, MS 38965
Email: wvch@bellsouth.net (662) 473-2431

<p>HPC Official Use Only COA Received: _____ COA Approved: _____ COA Approved with Restriction: _____ COA Deferred for Further Info: _____ COA Denied: _____</p>
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APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

<p>Project Information Property Address: _____ _____ Property Use: _____ <i>*Applicants must place a notice in front of the property prior to the HPC meeting to notify surrounding property owners of a pending application.</i></p>	<p>Applicant Information Name: _____ Address: _____ City, State/Zip: _____ Phone Number: () _____ - _____ Email Address: _____</p>
<p>Type of Request (Check all that may apply.) <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Replacement</p>	
<p>Proposed Feature to Change (Check all that may apply.) <input type="checkbox"/> Building <input type="checkbox"/> Facade <input type="checkbox"/> Sign(s) <input type="checkbox"/> Fence(s) <input type="checkbox"/> Sidewalk(s) <input type="checkbox"/> Driveway(s). <input type="checkbox"/> Parking Area(s) <input type="checkbox"/> Window(s) <input type="checkbox"/> Door(s) <input type="checkbox"/> Tree Removal <input type="checkbox"/> Landscaping</p>	
<p>Do You Intend to Apply for Tax Credits <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know</p>	<p>Deadline: This completed application <i>and</i> a sketch, drawing or images of the proposed change must be submitted to the city clerk at least ten (10) business days prior to the next regularly scheduled HPC meeting to be considered at that meeting.</p>
<p>Does applicant own the property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, Owner's Name: _____ Owner's Address: _____ Owners's City, State/Zip: _____ Owner's Phone Number: () _____ - _____</p>	<p>Note: <i>Incomplete applications will not be reviewed by the HPC.</i></p>

Briefly describe the proposed project. Description of materials should be included. _____

Application Representation: The applicant or an authorized representative of the applicant must attend the HPC public meeting to support the application.

Signature of Applicant: _____ Date: _____
 *Signature of Owner: _____ Date: _____

**If different from applicant*