



# Certificate of Appropriateness Application

(Incomplete applications will be rejected)

CITY OF DENTON • Planning and Development • 401 N. Elm St. Denton, TX 76201 • (940) 349-8541 • www.cityofdenton.com

### HISTORIC PROPERTY INFORMATION:

- Residential     
  Commercial     
  Property Platted     
  Property Not Platted

Parcel(s) or Tax ID# (Required): \_\_\_\_\_

Historic Property Address: \_\_\_\_\_ Total Acres \_\_\_\_\_

#### Proposed Work:

- Exterior Alteration     
  In-Kind Replacement     
  Relocation  
 Demolition (in part or whole)     
  Addition     
  New Construction  
 Other, Please Describe (*fence, lighting, signs*): \_\_\_\_\_

### APPLICANT/ PRIMARY CONTACT INFORMATION: *(Please ensure email addresses are legible.)*

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### PROPERTY OWNER INFORMATION: check if same as above

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### OWNERS AGENT/ REPRESENTATIVE INFORMATION: check if not applicable

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

By signing this application, I certify that the above information is correct and complete to the best of my knowledge and grant staff access to the indicated property to perform work related to this request. I agree to provide any additional information necessary for this application as requested by the Planning Department or Historic Landmark Commission.

SIGNATURE: \_\_\_\_\_  
**(Letter of authorization required if signature is other than property owner)**

Print or Type Name: \_\_\_\_\_

Known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration expressed and in the capacity therein stated. Given under my hand and seal of office on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public Signature

#### For Departmental Use Only

Project #: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Submittal Date: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Staff Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_