



Certificate of Appropriateness Application

(Incomplete applications will be rejected)



CITY OF DENTON • Planning and Development • 215 E. McKinney 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:

