



RUSSELLVILLE HISTORIC DISTRICT COMMISSION
Planning and Zoning Department
 220 North Knoxville Ave
 Russellville, Arkansas 72801
 Telephone (479) 968-2406; Fax (479) 968-2358

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

All items must be completed. Mark "NA" if Not Applicable. If additional space is needed, attach more pages to this form. Failure to provide a complete application could result in postponement of application being heard before the Commission.

PROPERTY

Historic Name of Property (if known)

Address

PROPERTY OWNER

Name

Address

Telephone

E-mail

PERSON FILING APPLICATION (IF OTHER THAN OWNER)

Name

Address

Telephone

E-mail

PROJECT ARCHITECH/ENGINEER/CONTRACTOR

Name

Address

Telephone

E-mail

ESTIMATED DATE(S) OF PROPOSED WORK:

Period of Effectiveness: Certificates of Appropriateness (CoA) are effective immediately upon issuance; work approved must be begun and completed within 12 months of approval date.

I understand that:

- a) any and all work, construction and/or installations on the property must meet the requirements of the Russellville Historic District Commission's Design Guidelines;
- b) any false statements made in this application can result in the Certificate of Appropriateness being revoked by the Commission;
- c) if the construction and/or installation for which this Certificate of Appropriateness is issued is contrary to the requirements of Russellville codes or regulations, violations must be corrected; approval by the Historic District Commission does not excuse the applicant, owner or agent from compliance with city building, fire, zoning and other applicable codes, ordinances or polices of the City of Russellville unless expressly stated by the Commission or its staff. Responsibility for identifying such codes, ordinances or applies rests with the applicant, owner or agent.

I hereby certify that I am the owner, agent of the owner, or other person in control of the property and that the information given herein, and as shown on the application for Certificate of Appropriateness, is true and that I am authorized to obtain this Certificate of Appropriateness.

Appeal Process: Any Applicant aggrieved by the determination of the Commission may, within thirty (30) days of such decision, appeal the determination of the Commission to the Circuit Court of Pope County, Arkansas.

Penalties: Violations of this ordinance constitute a misdemeanor, and violators upon conviction shall be fined not less than \$10 or more than \$500 per day, in accordance with the Arkansas Historic Districts Act. Each day that a violation continues to exist shall constitute a separate offense.

SIGNATURE OF REPRESENTATIVE:

SIGNATURE OF OWNER:

DATE:

CERTIFICATE OF APPROPRIATENESS SUBMITTAL REQUIREMENTS:
DESCRIPTION OF PROPOSED WORK:
TO EXISTING BUILDINGS:
___ 1) accurate (scaled) sketch, photograph, or drawing of each elevation where changes are proposed, showing existing appearances and proposed changes ___ 2) description of materials to be used on exterior surfaces and details including, but not limited to, masonry walls, fences, light fixtures, steps and paving, other appurtenant fixtures, or other elements of exterior architectural features viewable from the public right of way. Samples may be requested.
FOR NEW CONSTRUCTION:
___ 1) accurate (scaled) sketch of all elevations showing proposed appearance and its relationship to adjacent and nearby buildings ___ 2) description of materials to be used including all exterior surfaces and details
FOR DEMOLITION:
___ 1) current photographs of each elevation ___ 2) current evaluation by professional architect, engineer ___ 3) demolition cost estimate
FOR MOVING A BUILDING INTO OR OUT OF THE HISTORIC DISTRICT:
___ 1) current photograph of building in current location ___ 2) current photograph of proposed site and its adjacent buildings ___ 3) cost estimate of the move
FOR SIGNAGE OR WINDOW LETTERING:
___ 1) drawing of proposed sign or window lettering, including dimensions ___ 2) drawing indicating location of proposed sign or window lettering
NUMBER OF ATTACHMENTS:
ACTION TAKEN
The Russellville Historic District Commission hereby ___ APPROVES ___ DENIES this application.
Date:
Signature, Chair of Russellville Historic District Commission:
CONDITIONS:
COMMENTS: