Revised 2/14/2014

CITY OF POWELL

HISTORIC DOWNTOWN ADVISORY COMMISSION (HDAC)
CERTIFICATE OF APPROPRIATENESS APPLICATION

ALL ITEMS ON THIS APPLICATION MUST BE COMPLETED.

Applicant: Scherner, Sybert & Rhoad, LLC

Address/City/State/Zip: 153 South Liberty St.

Email Address: curt@curtsybert.com

Phone No: 614-785-1700 Cell Phone No: _____ Fax No: _____

Property Owner: Same as above.

Address/City/State/Zip: _____

Email Address: _____

Phone No: _____ Cell Phone No: _____ Fax No: _____

Architect/Designer for Applicant: Berardi + Partners Inc.

Address/City/State/Zip: 369 East Livingston Avenue

Email Address: _____

Phone No: 614-221-1110 Cell Phone No: _____ Fax No: _____

Property Address: Same as above.

Lot Number/Subdivision: _____ Existing Use: _____ Proposed Use: _____

Proposed type of Environmental Change: Office addition.

Checklist:

- ☑ Attach **10 copies** of plot plan as well as any other drawings or written material that will help the Administration and Commission understand the nature of the proposal.
- ☐ Attach a list of contiguous property owners as well as directly across the street from and within 250 feet of property
- ☑ Provide a PDF copy of all plans, drawings, text, any other items, and application on a CD.

(Check all that apply)

- ☐ Attach the required fee - $150.00 per unit (New Residential Construction)
- ☐ Attach the required fee - $50.00 (Residential Additions/Remodeling)
- ☐ Attach the required fee - $250.00 per unit (New Commercial Construction)
- ☐ Attach the required fee - $100.00 (Commercial Additions/Remodeling)
- ☐ Attach the required fee - $50.00 (Commercial Signs)
- ☐ Attach the required fee - $100.00 (Demolition Review)
- ☑ " -$240.00 (Architectural Review Board)

I agree to grant the City Staff, the Commission, Board or Council considering this application access to the property that is the subject of this application for the purposes of reviewing this application and posting public notice for this application.

Signature of Applicant: Curt Sybert Date: 6 · 9 · 2015

Office Use	Office Use
Received	AMT_____ TYPE/DATE_____ RECEPIT #_____ PAYOR_____ Payment