



# HISTORIC DOWNTOWN ADVISORY COMMISSION (HDAC) CERTIFICATE OF APPROPRIATENESS APPLICATION

ALL ITEMS ON THIS APPLICATION MUST BE COMPLETED.

Per Fee Ordinance 2019-49

**Applicant:** \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Architect/Designer for Applicant:** \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Property Address:** \_\_\_\_\_

Lot Number/Subdivision: \_\_\_\_\_ Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Proposed type of Environmental Change:

Checklist:

- Attach **5 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.
- 1 digital copy** (CD, USB, Email) of the complete application packet.
- Attach a list of contiguous property owners as well as directly across the street from and within 250 feet of property
- 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)
- Post a public notice sign at least (10) days prior to a public hearing or public meeting, pursuant to ordinance 1107.035  
Public notice sign details found [here](#).

**(See Over)**

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

Office Use
Received

Office Use
Type/Date: _____
Prepared by: _____
Reviewed by: _____
PAYOR: _____
RECIEPT # _____

City of Powell · 47 Hall Street · Powell, Ohio 43065 · (614) 885-5380 · (614) 885-5339 fax· [www.cityofpowell.us](http://www.cityofpowell.us)