



CERTIFICATE OF APPROPRIATENESS

PROPERTY ADDRESS: _____

OWNERS NAME _____

APPLICANT'S ADDRESS: _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

PHONE NUMBER: _____

APPLICATION DATE: _____

PROPOSED TREATMENT: (Please include any drawings or pictures of proposed work with the application.)

Routine Maintenance: _____

Repair/ Renovation: _____

Demolition: _____

Addition: _____

New Construction: _____

Other: _____

DESCRIPTION OF ALL WORK:

.....
DEPARTMENTAL USE ONLY

Staff Recommendation: _____

Comments: _____

APPROVED

DENIED

Date Certificate Issued: _____

COUNCIL ACTION DATE: _____

By: _____

(Historic Preservation Administrator)

CERTIFICATE NO: _____

DIRECT QUESTIONS TO:
Ashley Combs, City Planner
City of Middletown, One Donham Plaza, Middletown, OH. 45042
PH: (513) 425-7922, FAX: (513) 425-7921, EMAIL: ashleyc@cityofmiddletown.org

COUNCIL ON LANDMARKS AND HISTORIC DISTRICTS

CC: Building Inspection
Zoning
Owner
File