



Historic Preservation Reroof Application Requirements



Site Address:	
Project Name:	
Tax Schedule No.:	
Existing Zone:	

Project Summary:

Owner:		Applicant:	
Address		Address:	
City/State:		City/State:	
Zip Code:		Zip Code:	
Telephone No.:		Telephone No.:	
Email:		Email:	

I hereby certify that I am the authorized applicant named above and that I have familiarized myself with the rules, regulations and procedures with respect to preparing and filing the application, and that all statements, answers and information provided as part of this submittal are in all respects true and accurate to the best of my knowledge and belief. I understand this application will not be formally accepted until all required information is received by the Land Use Review Division.

Signature of Owner

Date

Signature of Applicant



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Submittal Checklists

Submittal Requirements	
<input type="checkbox"/>	Complete Application/Authorization
<input type="checkbox"/>	Photo of the property, clearly showing the color of the roof
<input type="checkbox"/>	Photo of the proposed roofing material (may be the manufacturer's material detail sheet)
<input type="checkbox"/>	Narrative describing the following: <ol style="list-style-type: none"> 1. Existing roof type and color 2. Proposed roof type and color 3. Building or buildings onsite to be re-roofed

****Applicant must provide all submittal exhibits for complete application****

Planner Authorization (CITY USE ONLY)

<input type="checkbox"/>	Complete Application/Authorization	Date:	
<input type="checkbox"/>	Narrative	Approved by:	
<input type="checkbox"/>	Property Photo	File No(s):	