Historic Preservation Board | Re Roof Permit

2880 International Circle, Suite 200-7 | Colorado Springs, CO 80910
(719) 385-5092

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 herby 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

Submittal Requirements:

- ☐ Complete Application/Authorization
- ☐ Photo of the property, clearly showing the color of the roof
- ☐ Photo of the proposed roofing material (may be the manufacturer's material detail sheet)
- ☐ Narrative describing the following:
  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):

- ☐ Complete Application/Authorization
- ☐ Narrative
- ☐ Property photo

Date: _____

Approved by: _____

File No(s).: _____