CERTIFICATE OF APPROPRIATENESS
FOR PROPERTIES
IN THE NATIONAL HISTORIC DISTRICT
BLOOMFIELD, IOWA

Application is hereby made for the issuance of a Certificate of Appropriateness under the Historic District Ordinance for the City of Bloomfield IA, enacted pursuant to the enabling authority contained in Chapter 24, Historic Preservation Commission, Section 24.01 purpose and intent, 24.02 Definitions, 24.03 Commission Membership, 24.04 Powers and Duties, 24.14 Certificate of Appropriateness Application, 24.15 Certificate of Appropriateness Hearings, 24.16 Approval Required, 24.24 Demolition Procedures, for proposed work as described below (and where applicable, as shown on plans, drawings, or other supplementary material accompanying this application)

DATE:_____
NAME OF PERSON APPLYING_____
ADDRESS_____
PHONE-HOME_____**BUSINESS**_____**CELL**_____

ADDRESS OF BUILDING_____
TIMES WHEN YOU ARE AVAILABLE TO MEET WITH THE COMMITTEE:
_____

PROPOSED PRESERVATION, REHABILITATION, OR CONSTRUCTION: (PLEASE BE VERY SPECIFIC AND ATTACH DRAWINGS, PHOTOGRAPHS, OR OTHER INFORMATION DEEMED NECESSARY FOR APPROVAL) PLEASE SEE HISTORIC DESIGN BOOKLET FOR ACCEPTABLE DESIGN, MATERIALS, ETC) IF YOU DO NOT HAVE ONE, ONE CAN BE OBTAINED AT THE CITY FOR REVIEW

1. **PROPOSED FACADE CONSTRUCTION (windows, awnings, tuckpoint, etc):**

***MATERIALS WHICH WILL BE USED:**

(PLEASE ATTACH COPIES OF PROPOSED MATERIALS FROM CATALOGUES OR BRING SAMPLES TO SHOW COMMITTEE)

GENERAL CONTRACTOR:

NAME:_____
ADDRESS:_____
PHONE:_____

2. **PROPOSED NEW SIGN OR SIGN ALTERATION:**
   LOCATI0N:_____
   SIZE:_____
   LETTERING STYLE:_____
   EXACT WORDING:_____
   COLORS:_____
   LIGHTING, IF APPLICABLE:_____
   PLACEMENT:_____
   SIGN CONTRACTOR:_____
   NAME:_____
   ADDRESS:_____
   PHONE:_____

***PLEASE ATTACH DRAWING OR PHOTOS OF PROPOSED SIGN. *GUIDELINES FOR SIGN MATERIALS MAY BE OBTAINED AT THE MAIN STREET OFFICE IN BLOOMFIELD OR IN THE HISTORIC DESIGN GUIDELINES BOOKLET**

3. **PROPOSED DEMOLITION (Please refer to City CODE OF ORDINANCE Chapter 24.24 prior to proposed demolition)**

   LOCATION:_____
   _____
   REASON:_____
   _____

   CONTRACTOR:_____
   NAME:_____
   ADDRESS:_____
   PHONE:_____

   DATE WHICH THE WORK WILL BE DONE:_____

NOTE:
IT IS THE RESPONSIBILITY OF BUILDING OWNER TO MAKE SURE CONTRACTOR COMPLIES WITH DEPARTMENT OF INTERIOR STANDARDS OF PRESERVATION.

Signature of owner or agent_____

FOR COMMISSION USE ONLY

Formal Filing Date of Application:_____ Date of hearing:_____

Application as above made: **GRANTED**:_____ **DENIED**:_____

Granted with Stipulations as noted:

_____

_____

_____

Signature of Commission Officer:_____