

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

DATE: _____

NAME OF PERSON APPLYING _____

ADDRESS _____

PHONES - HOME _____ **BUSINESS** _____ **CELL** _____

ADDRESS OF BUILDING _____

TIMES WHEN YOU ARE AVAILABLE TO MEET WITH COMMITTEE:

**PROPOSED PRESERVATION, REHABILITATION, OR CONSTRUCTION:
(PLEASE BE VERY SPECIFIC AND ATTACH DRAWINGS IF APPLICABLE)**

1. PROPOSED FACADE CONSTRUCTION:

***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:

LOCATION:

SIZE:

LETTERING STYLE:

EXACT WORDING:

COLORS:

LIGHTING, IF APPLICABLE:

PLACEMENT:

SIGN CONTRACTOR:

NAME:

ADDRESS:

PHONE:

***PLEASE ATTACH DRAWING OF PROPOSED SIGN**

3. PROPOSED DEMOLITION

LOCATION:

REASON:

CONTRACTOR:

NAME:

ADDRESS:

PHONE:

DATE WHICH THE WORK WILL BE DONE: _____

*** GUIDELINES FOR MATERIALS AND SIGNS MAY BE OBTAINED AT
THE MAIN STREET OFFICE IN BLOOMFIELD**

NOTE:

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