



# City of Donaldsonville

P.O. Box 470

Donaldsonville, LA 70346

Phone (225) 473-4247 • Fax (225) 473-0630

## Historic District Commission Application for a Certificate of Appropriateness

Date Received \_\_\_\_\_

Application expires six (6) months from date received.

**Sec. 1** Residential \_\_\_\_\_ Commercial \_\_\_\_\_ **Sec. 2** Alteration: Minor \_\_\_\_\_ Major \_\_\_\_\_

**Sec. 3** Name of Applicant: \_\_\_\_\_ Telephone # \_\_\_\_\_

If commercial, doing business as: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Sec. 4** Give location of property if different from above address.

\_\_\_\_\_  
\_\_\_\_\_

**Sec. 5** If rental or lease, give name of owner: \_\_\_\_\_

Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

**Sec. 6** General description of each alteration, pictures of structure, and pictures of replacement. General description of signage, material using, wording, size, picture of structure and placement of sign. Attach drawings. (Attach supplemental sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sec. 7** What are your long range plans for improvements on this structure or property?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sec. 8** Do all drawings, material samples and other items required by the ordinance accompany the application?

Yes     No

If not, please explain.

\_\_\_\_\_

\_\_\_\_\_

**Sec. 9** Some alterations require the approval of other agencies. Obtain the signature of the approving officer of these agencies.

<b>Agency</b>	<b>Approval Required</b>	<b>Signature if Alterations Approved</b>
City Fire Marshall	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
City Building Inspector	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Power Company	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**Sec. 10 Signature of Owner:** \_\_\_\_\_

Date \_\_\_\_\_ Telephone # \_\_\_\_\_

**Signature of Applicant, if different:** \_\_\_\_\_

Date \_\_\_\_\_ Telephone # \_\_\_\_\_

**Sec. 11** To be completed by the Commission.

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Was there a hearing:  Yes     No                      Date of Hearing: \_\_\_\_\_

Is the structure of architectural significance:  Yes     No

Date of construction: \_\_\_\_\_ Inventory reference number: \_\_\_\_\_

Outstanding architectural features:

\_\_\_\_\_

\_\_\_\_\_

Do the proposed alterations comply with the historic character of the Donaldsonville Historic District?

Yes     No

Is the application approved:  Yes     No

If not approved, give reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Commission Chairman: \_\_\_\_\_

Date: \_\_\_\_\_