## **City of Denison Application for Certificate of Appropriateness**

Denison

300 W. Main Street, PO Box 347 Denison, TX 75020 planning@cityofdenison.com 903-465-2720

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Address of Property:			
Property Owner(s):			
Applicant Name:			
Relationship to Owner:			
☐ Check if same as Property Owner			
Applicant Mailing Address:			
Applicant E-Mail Address:	Applicant Cell Phone Number:		
Please submit this completed application wit	th the following supplemental items attached:		
	•		
<ul> <li>□ Letter of intent stating all work being done, purpose of work, and all colors, materials to be used</li> <li>□ Current photograph of property</li> <li>□ Historical photograph of property (if available)</li> <li>□ A detailed list of all building materials and colors to be used (swatches and samples may be requested) Three (3) color options and their proposed application shall be provided with each painting request.</li> <li>□ Site Plan or photograph of site with proposed changes</li> <li>□ Drawing of proposed changes, including dimensions of each element being added/removed</li> <li>□ Required if signage is involved: scale drawing of signage, including dimensions, colors, locations, illumination, materials, and hardware listed noted</li> <li>□ This application may not be considered complete without supplemental items.</li> <li>■ Bold items required for all projects.</li> <li>○ Attachments should be 11" X 17" or smaller.</li> <li>○ Certificate of Appropriateness becomes null and void if authorized work has not begun one year</li> </ul>			
Building Primary Material Type:	Suance.  Name of Contractor:		
□ Wood	riame or confidence.		
□ Brick	Has the building been previously painted?		
☐ Stucco ☐ Other:	□ Yes		
Property's Current Primary Use:	□ No		
□ Commercial	Will changes being made change the primary use?		
☐ Residential	□ No		
☐ Other:	☐ Yes. If yes, state new use:		

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Please check all that apply regarding the work to be done at the property:			
Masonry  ☐ Type ☐ Repointing ☐ Cleaning ☐ Removing paint ☐ Repairing/replacing/removing ☐ Coatings, including water repellent coatings	Wood  ☐ Removing Paint ☐ Repairing/replacing/removing wood ☐ Coating, including chemical preservatives	Painting: Please provide samples and list all colors.  Brick: Other masonry: Wood: Other façade elements:	
Windows  ☐ Repairing/replacing sashes ☐ Changing number size, location, or glazing pattern ☐ Cutting new windows ☐ Closing or blocking ☐ Replacing	Entrances: including doors, fanlights, sidelights, pilasters, entablatures, columns, balustrades, stairs, etc.  □ Entrance repair/replacement □ Entrance removal □ Porch removal □ Porch closure/enclosure	Roof: including dormers, chimneys, slates, tiles, shingles, metal, etc.  Repairing roof Replacing roof Repairing/replacing features Removing features	
Additions  ☐ Addition to primary facade ☐ Other addition:	Demolition  ☐ Residential ☐ Commercial ☐ Other:	Other  □ Please explain:	
Signage to be installed:			
Location  Window/door  Building  Pole  Other:	Lighting  ☐ Exterior illumination ☐ Building illumination ☐ Non-white lighting ☐ Type: ☐ Other:	Hardware  Screw mounting Wires Tension system Freestanding: Other:	
Colors  □ Please list:  ———————————————————————————————————	Materials  Masonry Type:  Vinyl  Metal  Canvas  Other:	Other signage elements  ☐ Please explain:	

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I hereby certify that I have examined this application and know the information presented herein to be true and correct. All provisions of laws and ordinance governing this type of work will be complied with whether specified or not. If a Certificate of Appropriateness (COA) is issued, it is my responsibility to verify if a Building Permit is necessary before beginning work, and to verify if inspections must be done upon completion of work. The granting of a COA does not give authority to violate or be exempt from the provisions of any other local, state, or federal law regulating construction or performance of construction.

Work done without an applicable COA mrequired.	nay result in a fine, and r	emoval of unauthorized construction
Property Owner's Signature		Date
Property Owner's Printed Name		
OI	FFICIAL USE ONLY	
Staff Received:	Case Number:	Receipt #:
Select one: Contributing/Non-contributing	Date Received:	Built Circa: