

FRANKLIN HISTORIC DISTRICT COMMISSION CERTIFICATE OF APPROPIATENESS (COA) APPLICATION FRANKLIN, LOUISIANA



PRO	PERTY ADDRESS						
If approved, a project must be started within six (6) months of the COA approval. Please note that COA approval does not constitute Building department approval and that a permit may be required prior to start of the project. Please print or type.							
APPLICANT Name							
Address (CITY, STATE, & ZIP)							
Phor	ne Cell Phone						
	E-mail						
OWNER (IF DIFFERENT FROM APPLICANT)							
Name							
Address (CITY, STATE, & ZIP)							
Phone Cell Phone							
Fax _	E-mail						
PROPOSED WORK							
Check ALL That Apply:							
Exterior Alteration (Please check then circle or underline whether installation or replacement)							
	Installation/replacement of exterior building materials						
	Installation/replacement of windows or doors						
	Installation/replacement of porches or railings						
	Installation/replacement of awning or canopy						
	Installation/replacement of roofing						
	Installation /replacement of fencing or walls						
	Installation/replacement of lighting						
	Construction of an addition						
	Construction of walkways, ramps, steps, etc.						
	Landscaping (planting/removal of trees)						
	Signage (Installation of new or modification of existing sign)						
	Demolition						
	New Construction						
	Relocation						
	Other						

Desc	ription of Proposed work (attach a se	parate sheet, if n	ecessary):		
DEM	IOLITION (if applicable)				
	de justification for the proposed, demoli ins to an entire building/structure. Attac			engineer's report if demolition	
DOC	UMENTATION CHECKLIST IN SUPP	ORT OF THIS AP	PLICATION		
Chec	k <u>ALL</u> that apply				
The u	Photographs (required for all applications) Site plan/Survey Building Elevations Site Elevations Floor Plan Samples/Material Specifications Separate sheets attached Other JATURES OF OWNER(S) /APPLICAN Endersigned, owner(s) and/ or applicant(s), cation, including any statement attached	T(S) **) certifies under pe			
Own	er's Signature		Date		
Appli **on	icant's Signaturely original signatures will be accepted	l as part of a com	Date pleted application.		
FOR HISTORIC DISTICT COMMISION USE ONLY					
	Application Number				
	Date of Submission	Date Action	n taken		
	☐ COA APPROVED		☐ COA TABLED		
	☐ COA APPROVED W/STIP	ULATIONS	☐ COA TABLED		
	NOTES/STIPULATIONS				