

**Historical Preservation Commission  
Application for Certificate of  
Appropriateness**



**City of Senolia  
P.O. Box 310  
Senolia, GA 30276  
(770) 599-3679**

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Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Tax Parcel I.D. #: \_\_\_\_\_ Year Original Structure was Built: \_\_\_\_\_

Proposed Material Change to the exterior of the structure: \_\_\_\_\_

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Commercial and Residential Guidelines are available at [www.senolia.com/HPC](http://www.senolia.com/HPC). Would you like to purchase the Information Booklet on the Historic Neighborhood Overlay District?  
\_\_\_\_\_ (specify: Commercial or Residential)

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**Required:**

1. Blueprints and/or drawings which accurately depict the change(s), including specifications of architectural details, elevations, plans and profiles, to be made to the property;
  2. A site plan which locates the proposed improvements on the Property and shows building line setbacks; and
  3. Documentation which identifies the type materials to be used, including but not limited to siding, roofing material, windows and doors.
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**Notes:**

1. An application meeting the specifications of the Historic Neighborhood Overlay Ordinance shall be submitted to the City Zoning Administrator fourteen (14) calendar days prior to the regularly scheduled monthly meeting of the Commission (2<sup>nd</sup> Monday of each month).
2. The application will be reviewed by the City Zoning Administrator to determine if it meets the minimum requirements, if the application does not meet the minimum requirements, the City Zoning Administrator will return it to the applicant for correction. If the Application meets the requirements of the Ordinance, it shall be placed on the agenda for the next regularly-scheduled Commission meeting.
3. The applicant or applicant's designated representative must be present at the Commission meeting and will be given an opportunity to be heard. If applicant or representative is not

present, the Application will not be considered at the meeting and will be placed on the Commission's next regularly-scheduled meeting agenda (at the request of the Applicant).

4. The Commission may approve the Application as proposed or with any modifications it deems necessary, or deny the application.
  5. If denied, the applicant may appeal to the City Council in accordance with the Historic Neighborhood Overlay Ordinance. The ruling of the Mayor and Council shall be final.
  6. If the Application is approved, all rules and regulations related to the issuance of a building permit shall apply. Under no circumstances does approval of the Application release the applicant from any other permits that may be necessary.
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Personally appeared, \_\_\_\_\_, who, on oath, states that he or she is the Applicant and Owner of the foregoing, and that all of the statements are true to the best of his or her knowledge, and that the work to be done therein will conform to the requirements and regulations of the City of Senoia Building Codes and other ordinances of the City of Senoia, Georgia. He or she understands that the issuance of a building permit is an authorization to proceed with the proposed work and does not relieve him or her of the above requirements and regulations. Further, he or she is aware that any alterations to the plan will require a new application.

I have read completely and understand this Application.

Signed: \_\_\_\_\_

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Disposition:

*City Zoning Administrator:*

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

Meets minimum requirements of the Ordinance: \_\_\_\_ (Yes) \_\_\_\_ (No)

To be heard by the Historic Preservation Commission on: \_\_\_\_\_

*Historic Preservation Commissioner:*

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

Recommendation made: \_\_\_\_\_

*City Council:*

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

Action taken: \_\_\_\_\_

*Reference Building Permit Number:* \_\_\_\_\_