



APPLICATION FOR CERTIFICATE OF APPROPRIATENESS
CITY OF BURNET HISTORICAL BOARD

PLEASE PRINT

APPLICANT

Name of Applicant: _____ Date of Application: _____
(Organization, group or individual)

Representative authorized to sign contracts on behalf of the organization _____

Address: _____ Mailing Address (if different): _____

Phone: _____ Fax: _____ Email: _____

LOCATION

Physical Address of Location: _____

If no address, enter description of the location: _____

Adjacent Properties: _____

PROPOSED WORK

Enter detailed description of proposed work. Where applicable attach sample materials to be used, photographs of existing property and, if available, drawings of proposed changes. Use additional paper if necessary.

SINAGE

Does your proposal include signs or lettering? No Yes If yes, complete this section.

Dimensions: _____ Colors: _____

Materials to be used: _____

Method of illumination (if applicable): _____

Attach a scale drawing showing the type of letter to be used, dimensions and colors.

APPLICANT SIGNATURE

Applicant _____ Date _____

FOR BOARD USE ONLY

Approved Denied (If denied list reasons) _____

Chairman Signature _____

Board Member Signature _____