



HISTORICAL AND ARCHITECTURAL SITES COMMISSION

NEIGHBORHOOD SERVICES
ONE GARY K. ANDERSON PLAZA
DECATUR, ILLINOIS 62523
P: 217.424.2797
F: 217.424.2728

APPLICATION CERTIFICATE OF APPROPRIATENESS

Property Address _____
Name of Owner _____
Mailing Address _____
Telephone _____ Office _____ Fax _____
Date of Original Construction _____ Original Use _____
Construction Starting Date _____ Current Use _____

Proposed Work

Exterior Alterations Demolition Addition New Construction Other

Describe fully the name and quality of the proposed work to be performed and the present condition of the structure: _____

Will the proposed work change, affect or destroy any important feature of the structure or area? Y N
If yes, then describe: _____

Will original materials be replaced? Y N If so, what is the estimated cost of repair (\$ _____) compared to replacement (\$ _____)?

Is the proposed work necessary because of conditions that pose an imminent threat to the health, safety or welfare of citizens? Y N If yes, please explain: _____



What is the estimated cost of the project? _____
(If the cost is twenty-five (25) percent of fair market value, have you considered applying for a property tax freeze? Y N For more information, call Mike Ward, Illinois Historic Preservation Agency at 217.785.5042)

If this request is for demolition, indicate the proposed use for the site: _____

If this is a request for new construction or an addition, please submit plans and drawings of proposed structure(s) as well as a non-engineered site plan.

Is the request part of the Olde Towne TIF Residential Rehabilitation Program? Y N

Provide any other information which might be pertinent for the application: _____

Please submit photographs to identify existing conditions as well as plans and elevations as appropriate to adequately portray how the proposed changes will affect the existing structure.

Applicant's signature: _____ Date: _____

Departmental Use Only

Application Approved Denied

Notes/Conditions/Comments _____

Certificate Approved

Date: _____ By: _____
HASC Chairperson

Certificate Issued

Date: _____ By: _____
Historic Preservation Administrator

Certificate Number _____

Cc: File
Building Inspections