



## Spotsylvania County Historic Preservation Commission Certificate of Appropriateness Application

Submit to: Spotsylvania County Planning Department  
9019 Old Battlefield Boulevard, Suite 320  
Spotsylvania, VA 22553

**For office use only:**

Case No. _____	Date application complete _____
File name _____	HPC meeting date _____
Date submitted _____	

**1. This application is for (check appropriate box):**

- Sign in a Historic Overlay District
- Site development plan for erection, reconstruction, alteration, restoration, or movement of any building or structure in an Historic Overlay District
- Demolition of an historic landmark, building, or structure in an Historic Overlay District

**2. Project Information:**

Title of project/address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tax map parcel number: \_\_\_\_\_  
 Voting District: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Zoning District: \_\_\_\_\_

Type of use: \_\_\_\_\_

Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Property Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Developer/Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Architect/Designer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**3. Materials submitted with application:**

This application is not complete and will not be forwarded to the Historic Preservation Commission until all of the following information has been provided to the Planning Department. All items should be submitted electronically (except for the material samples).

**New construction / alterations:**

- Architectural elevations
- Site plan or plot plan
- Material samples
- Photographs
- Color samples
- Signage drawings

**Signs:**

- Drawing
- Sketch or color photograph showing proposed location
- Plot plan indicating sign location
- Methods of support and illumination

**Demolitions:**

- Color photographs

**All applications:**

- Brief description of proposed project
- Written narrative describing how proposal is compatible the Historic Overlay District and the design guidelines.

**4. Signage:**

The foregoing information is complete and correct to the best of my knowledge. I have read and understand the provisions of the Spotsylvania County Zoning Ordinance that relate to this application.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Applicant (if different than owner)

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

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