



# City of Lexington

Historic Preservation Commission

## Certificate of Appropriateness

Approved

Denied

Continuance

Tentative

**Property Address:** \_\_\_\_\_ **COA #:** \_\_\_\_\_

**Historic District:**  Highland  Commercial  Old Neighborhoods  Wentworth

**Individual National Registry Property:**  Yes  No

**Work Start Date:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

**Nature of Project:** \_\_\_\_\_

**Applicant name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

The Historic Preservation Commission meets the third Wednesday of each month at the Lexington City Hall (lower level) at 5:30 pm. **Applicant, owner or contractor must attend a Historic Preservation Commission meeting for application to be considered.**

### A. REQUIRED FOR APPLICATION CONSIDERATION:

**New Construction or Building Addition:**

1. Lot plan with location of new construction to appropriate scale.
2. Plans and elevations to appropriate scale.

**Modification and/or Repair to Existing Feature:**

1. Description of current conditions and reason for work.
2. Description of proposed work and end result.
3. Plans and elevations to appropriate scale.

**Demolition:**

1. Statement of intent for property restoration

**Photos Requirements for all Modifications:**

1. Street view.
2. Overview of current conditions.
3. Details of required repairs, i.e. existing porch railings or post, fencing, siding, siding or windows or any historically significant feature.

**B. AREAS TO BE AFFECTED BY PROPOSED WORK:**

**All material must be historically appropriate in appearance.**

- Windows
- Paint
- Landscape
- Siding
- Signage
- Fencing
- Roof
- Other, please specify: \_\_\_\_\_

**Applicants are strongly encouraged to contact City Building Official prior to application submittal.**

**C. DETAILED DESCRIPTION OF PROPOSED WORK:**

---

---

---

---

**D. DOCUMENTATION IN SUPPORT OF PROPOSED WORK:**

- Attach all available material samples or brochures.
- All required photographs.
- All plans and elevations to appropriate scale.

**Applicant signature\*** \_\_\_\_\_ **Date** \_\_\_\_\_

**Property Owner(s) Signature\*** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Applicant & Owner attest that the above information is complete and true. Violations of any Lexington ordinances are prosecutable.

**Chair Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Conditions of Approval:** \_\_\_\_\_

---

---

**Work must be completed within 180 days from date of approval. A new application is required for an extension of work.**

**Reason for Denial:** \_\_\_\_\_

---

---

Application can be resubmitted with appropriate changes as noted above.