



# CERTIFICATE OF APPROPRIATENESS (COA) APPLICATION - Buildings

Date of Application: \_\_\_ / \_\_\_ / \_\_\_

[ HHD - Received in Office: \_\_\_ / \_\_\_ / \_\_\_ ]

Property Location: \_\_\_\_\_

Application Type (circle all the apply):

New Construction	Renovation	Painting
Roofing	Signage*	Other

\*(please also complete signage application)

**BUILDING OWNER Information**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**APPLICANT Information**

Applicant Identity (circle all that apply):

Owner	Lessee	Contractor
Architect	Engineer	Other

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

### DESCRIBE SCOPE OF WORK:

Applicant: \_\_\_\_\_ (print) \_\_\_\_\_ (sign) Date: \_\_\_ / \_\_\_ / \_\_\_

Owner: \_\_\_\_\_ (print) \_\_\_\_\_ (sign) Date: \_\_\_ / \_\_\_ / \_\_\_

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HAMMOND HISTORIC DISTRICT COMMISSION

BY: \_\_\_\_\_

WITH AMENDMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED \_\_\_\_ DENIED \_\_\_\_ DATE \_\_\_ / \_\_\_ / \_\_\_

(IN OFFICE APPROVAL \_\_\_\_)

\*\*\* APPROVAL VALID FOR 6 MONTHS FROM DATE APPROVED \*\*\*

**NOTE:** This approval is valid only upon securing all necessary permits from the City of Hammond Building Official's Office, 219 E. Robert St., Hammond, LA. Phone: (985) 277 - 5684



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## CERTIFICATE OF APPROPRIATENESS (COA) APPLICATION - Details

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### APPLICATION ATTACHMENTS CHECKLIST:

- \_\_\_\_\_ Photos (before)
- \_\_\_\_\_ Color Samples
- \_\_\_\_\_ Plans & Specifications
- \_\_\_\_\_ Material Samples (where applicable)
- \_\_\_\_\_ Rendered Elevations & Floor Plans
- \_\_\_\_\_ Door & Window Details (where applicable)
- \_\_\_\_\_ Sign Application (in conjunction with regular application, where applicable)

Failure to include all of the required attachments and/or failure of the applicant or his/her representative to appear at the scheduled hearing will result in postponement of the application until the next regularly schedule HHDC meeting. The application may be dismissed if there are more than two (2) postponements.

If a representative other than the applicant listed on the application(s) intends to present at the HHDC meeting, please indicate their name and contact information when signing below.

### OFFICIAL CERTIFICATION:

I, or my representative (listed below), will appear at the meeting of the Hammond Historic District Commission at 11:00 AM on \_\_\_ / \_\_\_ / \_\_\_ (*3rd Wednesday of the month*) in the COUNCIL CHAMBERS AT HAMMOND CITY HALL.

Applicant: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
(print) (sign)

[ Applicant Representative: \_\_\_\_\_  
(name & company) Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ ]

I HEREBY CERTIFY, AS THE OWNER OF THE INVOLVED PREMISES, THAT I HAVE BEEN FULLY INFORMED OF THE ALTERATIONS HEREIN PROPOSED AND THAT SAID OWNER IS IN FULL AGREEMENT WITH THIS PROPOSAL.

Owner: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
(print) (sign)