



CERTIFICATE OF APPROPRIATENESS (COA) APPLICATION - Signage

Date of Application: ___ / ___ / ___

[HHD - Received in Office: ___ / ___ / ___]

Sign Location (address): _____ **Phone #:** _____

BUILDING DIMENSIONS:

Width of façade: _____ ft.

Length of street-side elevation: _____ ft.

No. of stories: _____

Max building height: _____ ft.

NO. OF EXISTING SIGNS: _____

NO. OF SIGNS TO BE REMOVED: _____

NEW SIGN: (one sq. ft. is allowed for each linear foot of building width)

Sign width: _____ Sign height: _____ Mounted sign height: _____

Describe lighting: _____

Describe sign face material: _____

Describe lettering: _____

Describe mounting method: _____

Describe location: _____

IF SIGN IS NOT WALL MOUNTED, INCLUDE:

Setback: _____

Describe sign body: _____

Mounting method: _____

FOR WINDOW SIGNS, INCLUDE:

Total First Floor Window Area: _____ ft.²

Total Area of Window Signage: _____ ft.²

ADDITIONAL INFORMATION: _____

Applicant: _____ Date: ___ / ___ / ___
(print) (sign)

Owner: _____ Date: ___ / ___ / ___
(print) (sign)

HAMMOND HISTORIC DISTRICT COMMISSION APPROVED _____ DENIED _____ DATE ___ / ___ / ___
BY: _____ (IN OFFICE APPROVAL _____)

WITH AMENDMENTS: _____ *** 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



CERTIFICATE OF APPROPRIATENESS (COA) APPLICATION - Details

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)