



City of Salisbury  
 Development Services  
 132 North Main Street  
 Salisbury, NC 28144  
 Ph. 704.638.5207  
 Fax 704.638.8494

# CERTIFICATE OF APPROPRIATENESS

SHADED AREAS FOR STAFF USE ONLY

<b>FILING DATE:</b> <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Minor Work (staff)
<b>CASE NUMBER:</b> <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Minor Work (committee)
	<input type="checkbox"/> Major Work (HPC): Owner Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No

**STAFF NOTES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>APPROVED BY:</b> <input style="width: 90%;" type="text"/>	<b>APPROVAL DATE:</b> <input style="width: 90%;" type="text"/>
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## CONTACT INFORMATION

**Property Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_ **email:** \_\_\_\_\_  
**Agent:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Company/Firm:** \_\_\_\_\_ **email:** \_\_\_\_\_

## PROPERTY & PROJECT INFORMATION

**Rowan County Parcel ID(s):**

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

**Description of Work:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SIGNATURE

*Additional information is attached to fully describe the appearance of the proposed work. This could include a site plan, elevations, sketches drawn to the approximate scale, basic dimensions, color samples, photographs, product brochures or other documents.*

*I am familiar with the Historic District Design Guidelines pertaining to my project.*

*I am aware that Historic Preservation Commission (HPC) members, or staff, may enter upon private land at reasonable times to inspect the work or the site solely in performance of their duties.*

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

**\*\*DEPARTMENTAL USE ONLY\*\***

INITIAL HPC DATE: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

- **IF SENT TO COMMITTEE**

- **ASSIGNED COMMITTEE:** \_\_\_\_\_
- **COMMITTEE MEMBERS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- **DATE OF INITIAL COMMITTEE MEETING:** \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_
- **DATE OF ADDITIONAL MEETINGS:** \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_
- **COMMITTEE RECOMMENDATION?** \_\_\_\_\_

SUBSEQUENT HPC DATE (IF ANY): \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

- **FINAL VOTE:** ( \_\_\_\_\_ )
- **ADDITIONAL INFORMATION FOR FILE:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STAFF NOTES: