

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS FOR ROUTINE MAINTENANCE AND EXPEDITED REVIEW

Applicant:		
*If applicant is not ov Mailing Address:	vner, an agent authorization form must be	submitted
	State:	Zip Code:
Telephone: (Fax: ()
Parcel ID Number: 05		
Architect:		
Historic Designation of Structure O Has a Baldwin County His On the National Register o	e or Site: (Check if structure or site has c toric Development Commission Historic	one or more of the following designations):
Classification of Work: (see "Design	Review Guidelines" Appendix for Genera	al <u>Guidanc</u> e)
deterioration, decay or damage and do grounds. Before work may proceed,	es not involve a material change in design	architectural or environmental features to correct, materials or outer appearance of the structure of yed by three members of the Commission. Such
Description of Work and Estimated	<u>Cost</u> (Use back of form if necessary)	Estimated Cost
application is based on the correctness finding by the Magnolia Springs Histo	of the information I have supplied and that ric Preservation Commission that any rele lerstand that only complete applications in	d correct. I understand that consideration of this at any permit(s) granted may be revoked upon vant information supplied on or with application cluding all required exhibits are considered by
		ne void unless construction is commenced within of eighteen (18) months and are renewable.
		designate one of its members who shall be cording to this application to ensure compliance
Signature of Applicant:		Date:
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Rev. 9/3/2015

Historic Preservation Commission	n Members in Attendance:	
Signature:	Date:	
Signature:		
Signature:	Date:	
Historic Preservation Commission	n and Staff Comments:	