



HISTORIC PRESERVATION COMMISSION

**APPLICATION FOR CERTIFICATE OF APPROPRIATENESS
FOR DEMOLITION AND/OR RELOCATION**

Applicant: _____

*If applicant is not owner, an agent authorization form must be submitted

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: (____) _____ - _____ **Fax:** (____) _____ - _____

E-911 Address at Project Site: _____

Parcel ID Number: 05- _____ - _____ - _____ - _____ - _____ . _____

Architect: _____

Contractor: _____

Historic Designation of Structure or Site: (Check if structure or site has one or more of the following designations):

- ☐ Has a Baldwin County Historic Development Commission Historic Marker
- ☐ On the National Register of Historic Places,
- ☐ On the Alabama Register of Landmarks and Heritage

<u>Proposed Work</u>	<u>Description of Work:</u>	<u>Cost Estimate</u>
<input type="radio"/> Demolition	_____	_____
<input type="radio"/> Building Relocation	_____	_____
<input type="radio"/> Comments	_____	_____
	_____	_____

Property Information:

Date of property purchase _____ **Purchase price** _____

Property condition on date of purchase _____

Type(s) of adaptive uses considered by owner: (List others on reverse side of page)

- (1) _____
- (2) _____
- (3) _____
- (4) _____

Owner listed property for sale (yes/no): Sale price asked for property \$ _____;

Offers received

- (1) \$ _____
- (2) \$ _____
- (3) \$ _____

Options currently held for purchase of property;

(1) Price received for option \$ _____; Option expiration date: _____:

Conditions placed upon option: _____

(2) Price received for option \$ _____; Option expiration date: _____:

Conditions placed upon option: _____

(3) Price received for option \$ _____; Option expiration date: _____:

Conditions placed upon option: _____

Replacement construction plans for property (attach copy); Costs expended for plans \$ _____;

Dates of such expenditures _____

Financial proof of ability to complete replacement project _____
(attach copy of such document)

Required Attachments to Application:

- Detailed "Site Plan" showing existing conditions on property (Scale: 1 inch = 10 feet)
- Floor Plan of Building(s) with Dimensions (Scale: ¼ inch = 1 foot)
- Elevation Views of Building(s) – Photographs for Building Relocation and Building Demolition
- Written description by a qualified professional (Historian, Preservationist, Architect, Engineer, Real Estate Appraiser) detailing the present condition of the subject property.

Certification of Applicant:

I hereby certify that I have read this application and known the same to be true and correct. I understand that consideration of this application is based on the correctness of the information I have supplied and that any permit(s) granted may be revoked upon finding by the Magnolia Springs Historic Preservation Commission that any relevant information supplied on or with application is substantially incorrect. I further understand that only complete applications including all required exhibits are considered by the Commission and must be received by the Town Clerk.

It is my understanding that a Certificate of Appropriateness shall become void unless construction is commenced within six (6) months of date of issuance. Certificates of appropriateness shall be issued for a period of eighteen (18) months and are renewable.

I further agree that the Magnolia Springs Historic Preservation Commission may designate one of its members who shall be allowed to enter my property at all reasonable times to inspect the work done according to this Demolition and/or Relocation Application to ensure compliance therewith.

Signature of Applicant: _____ Date: _____

“IN NO EVENT SHALL THE COMMISSION ENTERTAIN ANY APPLICATION FOR THE DEMOLITION OR RELOCATION OF ANY HISTORIC PROPERTY UNLESS THE APPLICANT ALSO PRESENTS AT THE SAME TIME THE POST-DEMOLITION OR POST-RELOCATION PLANS FOR THE SITE.”

COMMISSION ACTION:

Date Application Reviewed: _____

- ☐ **Approved** **Date:** _____
- ☐ **Approved with Conditions:** _____

_____ **Date:** _____
- ☐ **Deferred for Consideration:** _____

_____ **Date:** _____
- ☐ **Denied** **Date:** _____ (Applicant will be furnished document detailing reason(s) for denial)

Chairman: _____ **Date:** _____

Comments by Commission: _____

