



CERTIFICATE OF APPROPRIATENESS APPLICATION

City of Jackson Historic Preservation Commission

SUPPORTING DOCUMENTS TO BE SUBMITTED WITH COMPLETED APPLICATION FORM

1. Completed application form signed by all property owners or authorized signer(s) of trusts, corporations, or other entities in accordance with the formal operating agreement of the entity.
2. Photographs –Provide current photographs of the property, particularly the area of work.
3. Scaled drawings of proposed changes with dimensions. (Professional drawings are not required, but drawings must accurately show details, proportion, and scale).
4. List of proposed materials and finishes.
5. Site plan of property accurately showing location of work.
6. Manufacturer's literature, if applicable
7. Material samples, if applicable.
8. Additional information may be requested as needed.

APPLICATION GUIDANCE

- THIS FORM MUST BE COMPLETED, APPROPRIATELY SIGNED, AND ALL REQUIRED SUPPORTING MATERIALS SUBMITTED A MINIMUM OF TWO WEEKS PRIOR TO THE SCHEDULED HISTORIC PRESERVATION COMMISSION MEETING. SUBMIT TO BUILDING & PLANNING DEPARTMENT, CITY OF JACKSON, 101 COURT ST., JACKSON, MO 63755 OR TO permits@jacksonmo.org. FOR ASSISTANCE, PLEASE CALL 573-243-2300.
- APPLICANTS ARE ENCOURAGED TO MEET WITH THE BUILDING & PLANNING MANAGER BEFORE SUBMITTING AN APPLICATION, ESPECIALLY FOR LARGER PROJECTS
- PLEASE REFER TO THE HISTORIC DESIGN GUIDELINES CHAPTER 64, ARTICLE V, available online at [municode.com](https://library.municode.com/mo/jackson/codes/code_of_ordinances?nodeId=CH64HIPR) https://library.municode.com/mo/jackson/codes/code_of_ordinances?nodeId=CH64HIPR
- ALL HPC MEETINGS ARE OPEN TO THE PUBLIC. REGULARLY SCHEDULED MEETINGS ARE HELD ON THE 2ND THURSDAY OF EACH MONTH AT 6:30 P.M. AT THE JACKSON CIVIC CENTER UNLESS THERE ARE NO AGENDA ITEMS.
- IT IS RECOMMENDED THAT APPLICANTS OR THEIR REPRESENTATIVE ATTEND THE MEETING. HPC MAY NOT CONSIDER THE CASE OR MAY CONTINUE THE CASE TO THE NEXT MEETING IF APPLICANT IS NOT PRESENT TO ANSWER QUESTIONS OR IF MORE INFORMATION IS REQUESTED.



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City of Jackson Historic Preservation Commission

DESIGNATION TYPE: LANDMARK HISTORIC DISTRICT

CATEGORY: BUILDING STRUCTURE SITE OBJECT

PROPERTY ADDRESS OR LOCATION:

ALL OWNER(S) OF RECORD,

Include name, mailing address, and telephone number of each (attach additional pages if needed):

APPLICANT,

Include name, mailing address and telephone number (if different than owner). Include email if preferred for communication:

IS THE PROPERTY CURRENTLY LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES?

YES, INDIVIDUALLY LISTED

YES, AS PART OF A HISTORIC DISTRICT

NO, NOT LISTED

IS THE PROPERTY CURRENTLY PART OF A LOCAL HISTORIC DISTRICT?

YES

NO

NAME OF DISTRICT:

DETAILED DESCRIPTION OF PROPOSED PROJECT: (attach additional pages if needed)

OWNER SIGNATURES (attach additional pages if needed):

Date: _____

Date: _____

(Signatures must include all owners of record of property. For trusts and corporations, the signature(s) shall be of the authrozed signer(s) for the entity. Attach additional pages if needed.