CITY OF MADISONVILLE, KENTUCKY
HISTORIC DISTRICT COMMISSION
OFFICE OF COMMUNITY DEVELOPMENT
PO Box 705, Madisonville, KY 42431
Phone (270) 824-2195 / Fax (270) 821-6161

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

The Madisonville Historic District Commission regularly meets the second Tuesday of every month in the City Hall 2nd Floor Conference Room, 67 N. Main Street, at 4:30 p.m. Applications should be submitted not less than ten (10) days prior to a scheduled meeting. A hearing on the application will be conducted at the next regular meeting after the application is deemed to be complete. Refer to the Design Guidelines for information on appropriate work. Design Guidelines are available from the Office of Community Development or Zoning Administrator's office 67 N. Main St. and online at www.madisonvillegov.com.

PROJECT ADDRESS:		
Current Use: ☐ Residence ☐ Vacant Lot ☐ Commercial / Business(es)		Business Name:

PROPERTY OWNER

NAME				
STREET ADDRESS				
CITY/STATE/ZIP CODE				
PHONE NUMBERS	HOME	WORK	CELL	EMAIL:

CONTRACTOR

NAME				
STREET ADDRESS				
CITY/STATE/ZIP CODE				
PHONE NUMBERS	OFFICE	FAX	CELL	EMAIL:

ARCHITECT

NAME				
STREET ADDRESS				
CITY/STATE/ZIP CODE				
PHONE NUMBERS	OFFICE	FAX	CELL	EMAIL:

APPLICATION IS FOR (check all that apply):

☐ Sign (state dimensions, measurements, materials to be used, placement on building/lot, and drawing or photo)
☐ Exterior Rehabilitation ☐ New Construction
☐ Demolition ☐ Other _____

DESCRIBE PROJECT IN DETAIL (Use additional sheets as necessary): ESTIMATED COST: $ _____

ESTIMATED COMPLETION DATE: _____

Attach additional information to completely describe the proposed work. Elevations, site plans, architectural renderings, specifications, photos, material samples, or other drawings may be required. Failure to supply sufficient documentation could result in processing delays and/or denial. **Applications shall include a photo of the building/lot to be altered and a photo(s) of properties contiguous to the project address that front on the same street.**

I hereby certify that I am the owner of this building/property. I will comply with all applicable laws, ordinances and codes and make the proposed changes only in accordance with the submitted plans and specifications, if approved by the Commission.

_____ Date: _____
Property Owner Signature

HISTORIC DISTRICT COMMISSION USE ONLY

Application Received (date): _____ Next Commission Meeting: _____
Comments: _____

☐ **APPROVED** ☐ **DENIED**