



MARK R. JOHNSON
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APPLICATION FOR A CERTIFICATE OF APPROPRIATENESS ISSUED BY THE COVINGTON HISTORIC DISTRICT COMMISSION

The following application for a Certificate of Appropriateness must be completed and submitted, along with the material indicated below, to the Covington Historic District Commission through the Planning and Zoning Office located at Covington City Hall, 317 N. Jefferson Avenue by the deadline date of the next regular meeting of the Commission. Meetings are currently scheduled for the second Tuesday of each month at 5:30 pm.

The completed application packet must be accompanied by:

1. Photographs of the front, side and rear elevations of the building, if a structure exists on the site;
2. Sketches of the proposed work, a site plan drawn to scale and, where applicable, a full set of plans and specifications indicating the proposed appearance of, and materials to be applied to, the exterior of the building;
3. A narrative describing the proposed work to be done;
4. A color rendering showing the facades of the proposed building and indicating materials to be applied to the exterior of the building. Additionally, the Commission requires that the color rendering illustrating the front facade of the proposed building also shows the facades of adjacent buildings.

IF THE APPLICATION PACKET IS NOT COMPLETE, IT WILL BE RETURNED TO YOU. AN ORIGINAL, COMPLETE APPLICATION PACKET AND SEVEN (7) COLOR COPIES OF THE ENTIRE PACKET MUST BE SUBMITTED BY THE DEADLINE DATE.

Note: If Fire Marshall approval or any other circumstance requires any alteration of the exterior of your building after it has been submitted for COA processing, a new application must be made and all materials re-submitted to the Covington Historic District Commission.

The applicant or a representative must be present at the meeting reviewing the application.

DATE: _____

I/We hereby make application for a Certificate of Appropriateness (COA) for work to be done on the following property located in the Historic District of the City of Covington, Louisiana (see attached map).

NAME OF APPLICANT(S): _____

NAME OF PROPERTY OWNER(S) *(If different from applicant)*: _____

APPLICANT'S MAILING ADDRESS: _____

APPLICANT'S PHONE NUMBER: _____ FAX NUMBER: _____

APPLICANT'S EMAIL ADDRESS: _____

MUNICIPAL ADDRESS OF APPLICATION PROPERTY: _____

LOT(S): _____ SQUARE #: _____ IN DIVISION: _____

NAME OF EXISTING STRUCTURE *(If any)*: _____

DATE EXISTING STRUCTURE WAS BUILT: _____

EXTERIOR MATERIAL OF EXISTING STRUCTURE (BRICK, WOOD, STUCCO, ETC.): _____

BRIEF DESCRIPTION OF EXISTING STRUCTURE'S HISTORICAL SIGNIFICANCE (ARCHITECTURAL STYLE, SITE OF HISTORIC EVENT, ETC.): _____

PROPERTY DIMENSIONS: _____

NATURE OF WORK (NEW CONSTRUCTION, MATERIAL ALTERATION, DEMOLITION): _____

PRELIMINARY ACTION OF THE COMMISSION/DATE: _____

FINAL ACTION OF THE COMMISSION/DATE: _____