



**CITY OF TWIN FALLS
HISTORICAL PRESERVATION COMMISSION**
P.O. Box 1907
324 Hansen Street E Twin Falls, ID 83303
PH: 208-735-7267 FAX: 208-736-2641

CERTIFICATE OF APPROPRIATENESS APPLICATION

Date of the Application: _____

Application No.: _____

Fee: NONE

A. APPLICANT INFORMATION:

1. Name of applicant: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____ E-mail: _____
Applicant Signature: _____

B. REQUEST INFORMATION:

1. The following is a request that a CERTIFICATE OF APPROPRIATENESS be granted for the Real Property Located at (street address):

2. Existing Zoning District: _____
3. Project Land Area Size: _____
4. Existing Building Size: _____
5. Proposed Building Alteration: _____
6. A site plan to **SCALE** on an **8 1/2" x 11" paper**, of the subject property showing the following:
 - a. Lot dimensions
 - b. Location of all existing buildings; including setbacks and fencing
 - c. Before and after building elevations are required
7. Provide a Detailed Written Statement On A Separate Sheet Of Paper Containing:
 - a. The reason for the request
 - b. An evaluation of the effects on adjoining property

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OFFICIAL USE ONLY:
HPC: (ONLY)

PUBLISH DATE: _____ NOT PUBLISHED

HEARING DATE: _____