



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: \_\_\_\_\_