



Date Received _____
 Receipt #: _____
 Fee: _____

**MINOR WORKS
 CERTIFICATE OF APPROPRIATENESS**

SITE ADDRESS: _____

PARCEL NUMBER: _____ ZONING: _____

Is this property individually listed on the National Historic Register? YES NO

Is this property listed as Contributing in the Local Historic District? YES NO

DESCRIPTION OF PROJECT: _____

OWNER: _____

OWNER'S MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ EMAIL: _____

APPLICANT (if different than owner): _____

APPLICANT'S MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ EMAIL: _____

Applicants Certification

I certify that all of the statements made in this application and any attached documentation are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may result in the rejection of this permit or subsequent revocation of this permit. Authorized town officials are granted right of entry to make evaluations or inspections as to compliance and to release information upon public request. *I further understand that a Certificate of Compliance shall be required and issued by the Town of Louisburg prior to the Certificate of Occupancy.*

 Signature of Owner/Applicant

 Date

This permit is issued pursuant to information contained herein and provided by the owner and/or agent. Information determined to be false or failure to comply with all appropriate Statutes, Codes, and Regulations may result in the immediate revocation of this permit.

 Louisburg Planning & Zoning Official

 Approval Date

Special Requirements/Notes:

