



Application for Certificate of Appropriateness Jefferson Historic Preservation Commission (Minor Work)



The applicant must complete all information on this form or in an attachment. Failure to complete all information will result in the refusal of the application. If the application is found insufficient, an agenda date will not be set until the required information is submitted.

Date Applied: _____ Date of Pre-Application Conference (encouraged but not required): _____

Applicant and Property Owner Address and Contact Information

Applicant: _____ Address: _____ _____ Phone: _____ Fax #: _____ Email: _____	Property Owner: _____ Address: _____ _____ Phone: _____ Fax: _____ Email Address: _____
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Property Information

Name of Historic District: _____

Existing Zoning District: _____

Existing Use of Property: _____

Proposed Use: _____

Tax Map/Parcel Number: _____ **Acreage:** _____

Property Address: _____

Subdivision Name : _____ **Lot #:** _____

Requested Certificate:

Describe your request: _____

Justification for the Requested Certificate

In passing judgement on applications for certificates of appropriateness, the Historic Preservation Commission shall consider the appropriateness of any proposed material change in appearance in the context of several criteria, including but not limited to the following. It is to your advantage to provide information on the following, if possible, to justify your request. Space is provided below if you wish to provide answers to these questions.

- (a) Consistency with any adopted design guidelines for historic districts or historic properties. Design guidelines can be found at: www.cityofjeffersonga.com/hpc at the bottom of the page.

- (b) The nature and character of the surrounding areas and the consistency of the proposed application with such nature and character.

- (c) The general design, the character and appropriateness of design, scale of buildings, arrangement, texture, materials, and colors of the structure in question and the relation of such elements to similar features of structures in the immediate surrounding area and the site and landscaping.

- (d) The proposed material change(s) in appearance's overall effects on the aesthetic, historic, or architectural significance and value of the historic property or district.

- (e) The historical and architectural value and significance, architectural style, general design arrangement, texture, and material of the architectural features involved. The commission shall not consider interior arrangement or use having no effect on exterior architectural features.

The following items need to be submitted in addition to the application for a valid submittal:

- ☐ Elevation drawings and color and material samples
- ☐ Photographs: All sides of the existing building(s) or structure(s), and landscape(s) affected, and of existing building(s), structure(s), and landscape(s) on adjoining properties.
- ☐ Site Plan and Landscape Plan: Plot plan or site plan drawn to scale shall be submitted which shows all improvements affecting appearances, such as walls, walks, terraces, plantings, tree protection areas, accessory buildings, signs, lights, and other elements.
- ☐ Application Fee: Fee amount can be found [here](#). Make checks payable to the City of Jefferson.

Upon completion of the application it may be submitted to the planning office located at 147 Athens Street, Jefferson, GA 30549. Failure to provide the requested information and documentation will result in refusal of the application.

Authorization of Property Owner

(required only owner is someone other than the applicant)

I swear that I am the owner of the property which is the subject matter of the attached application, as shown in the records of Jackson County, Georgia.

Name of Owner(s): _____

Address: _____

Contact Number: _____

Email Address: _____

Signature: _____

I authorize the person name below to act as applicant in the pursuit of an application for certificate of appropriateness for material change of appearance on this property.

Name of Applicant(s): _____

Address: _____

Contact Number: _____

Email Address: _____

State of Georgia
 County of _____

_____ personally appeared before me this _____ day of _____, 20____
 And swears that the information contained in this authorization is true and correct to the best of his or her knowledge and belief.

 Signature of Notary Public

SEAL

Notary Public, State of Georgia
 My commission expires: _____