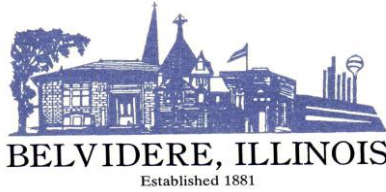


BELVIDERE HISTORIC PRESERVATION COMMISSION
Belvidere Community Development Department
Phone 815 547-7177
Fax 815 547-0789



APPLICATION CERTIFICATE OF APPROPRIATENESS

Property Address _____

Property Legal Description _____

Name of Owner _____

Mailing Address _____

Daytime Phone _____ e-mail address _____

Date of Original Construction _____ Original Use _____

Proposed Work: Alterations _____ Restoration _____ Addition _____ New Construction _____

Garage _____ Siding _____ Relocation _____ Demolition _____ Other _____

In addition to the plans, architectural drawings, elevations and photos, describe the proposed activity, the current condition of the structure and reason for obtaining a Certificate of Appropriateness. Attach a separate sheet if necessary.

Architect's or Contractor's Name _____ Address _____

City _____ Contact _____

Applicant's Name _____ Address _____

City _____ Contact _____

What is the estimated cost of the project? _____

(If the cost exceeds 25 percent of the fair market value, you might consider applying for the property tax freeze program through the Illinois Historic Preservation Agency (217 785-5042).

Will original materials be replaced? _____ If so, what is the estimated cost of repair of original material _____ compared to the replacement material _____?

Is the proposed work necessary because of conditions that pose an imminent threat to the health, safety or welfare of citizens? _____ If yes, please explain: _____

If this request is for demolition, indicate the proposed use for the site. _____

Please submit photographs and architectural drawings and elevations to identify the existing conditions and the proposed changes affecting the existing structure.

The undersigned certifies that the project will be constructed in accordance with the aforesaid plans and specification unless otherwise indicated on the approved Certificate of Appropriateness granted by the Belvidere Historic Preservation Commission.

Applicant _____ Date _____

Owner _____ Date _____

Departmental Use Only

Application Approved _____ Denied _____

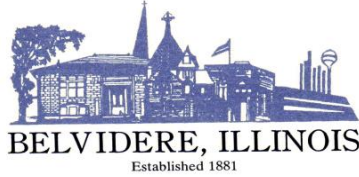
Notes Condition: _____

Certificate Approved on _____ Date _____ By _____ Chair _____

Certificate Issued on _____ Date _____ By _____ Administrator _____

cc: File, Building Department

BELVIDERE HISTORIC PRESERVATION COMMISSION
Belvidere Community Development Department
Phone 815 547-7177
Fax 815 547-0789



APPLICATION CERTIFICATE OF APPROPRIATENESS INSTRUCTIONS

If you have any questions regarding this application, please contact the Planning Department at 815 547-7177.

NOTE: Applications can be filed at anytime. Applications will not be processed until all of the required information has been submitted. See the attached schedule of meeting dates and deadlines for submittal. Applicants shall appear before the Belvidere Historic Preservation Commission.

An acceptable application includes the following:

Completed Application with the Appropriate Signatures
Legal Description and Address of Property
Photographs of Property's Existing Conditions
Plans, Architectural Drawing and Elevations, Photographs, Specifications,
Site Plan, Brochures, etc. that help to explain the proposed reason for the
Certificate of Appropriateness