HISTORIC PRESERVATION APPLICATION

City of Clifton

THIS APPLICATION IS IN COMPLIANCE WITH CLIFTON CITY ORDINANCE NUMBER 143. THIS APPLICATION MUST BE FILLED OUT IF YOU ARE PERFORMING ANY CONSTRUCTION, MAJOR ALTERATION, REHABILITATION, MOVING, DEMOLITION, OR ALTERING THE EXTERIOR OF A BUILDING IN ANY WAY INSIDE THE BOUNDARIES OF THE HISTORIC DISTRICT. THE REASON FOR THIS APPLICATION IS TO PRESERVE THE HISTORIC SITES AND STRUCTURES OF THE TOWN OF CLIFTON. THE REQUIREMENTS OF THE DISTRICT ARE DESIGNED TO PROTECT AND PRESERVE HISTORIC AND/OR ARCHITECTURAL VALUE; CREATE AN AESTHETIC ATMOSPHERE; STRENGTHEN THE ECONOMY; AND PROTECT AND ENHANCE THE TOWN'S ATTRACTIONS TO TOURIST AND VISITORS. IT IS IMPERATIVE THAT YOU AND THE COMMISSION USE COMMON SENSE IN PRESERVING THIS ARFA.

UPON RECEIVING AN APPLICATION FROM YOU, THE HISTORIC ZONING COMMISSION SHALL, WITHIN THIRTY (30) DAYS, ISSUE TO THE APPLICANT A LETTER STATING ITS APPROVAL WITH OR WITHOUT ATTACHED CONDITIONS, OR ITS DISAPPROVAL WITH GROUNDS STATED IN WRITING.

1. IDENTITY OF PROPERTY:			
2. NAME OF OWNER:			
3. ADDRESS OF PROP	ERTY (STREET):		
4. CITY:	COUNTY:	STATE	ZIP CODE:
5. TYPE OF ALTERATIO	ON TO PROPERTY REQUES CONSTRUCTION MAJOR ALTERATION REHABILITATION MOVING OR DEN	ION	one or each)
6. DATE YOU PLAN TO	START:		
7. EXPECTED COMPLE	ETION DATE:		
8. DESCRIPTION OF P	ROPOSED PROJECT (attac	ch notes to th	nis application if necessary):

- 9. CURRENT PHOTO OF BUILDING AND AREA WHERE WORK WILL BE DONE: (please attach)
- 10. DRAWING OF PROJECT (PROFESSIONAL OR HAND DRAWN): (please attach)