

VILLAGE OF CANAL WINCHESTER

36 SOUTH HIGH STREET
CANAL WINCHESTER, OHIO 43110

PLANNING AND ZONING DEPARTMENT
PH 614.837.7501 FAX 614.837.0145

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Rev. 5/15/2007

Property Owner's Name _____ Address _____ Daytime Phone _____

Applicant's Name _____ Address _____ Daytime Phone _____
(if applicable)

Address of Subject Property: _____

Description of Proposed Change/Modification: _____

Your Application Must Include The Following, as applicable:

Scaled drawings	Sketches	Material Samples
Floor plans	Contractor's plans	Paint chips
Roofing samples	Photographs (as necessary to illustrate proposed work)	

I certify that the information provided with this application is correct and accurate to the best of my ability.

Property Owner's Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

Date Received: ___ / ___ / ____

Application _____ No

Tracking No.: CA - _____

Approved: _____ Yes

Date of Action: ___ / ___ / ____

_____ Yes, with conditions

Expiration Date: ___ / ___ / ____