



City of Canal Winchester

36 South High Street
Canal Winchester, Ohio 43110

Development Department
Phone (614) 837-7501 Fax (614) 837-0145

CERTIFICATE OF APPROPRIATENESS APPLICATION

rev. 6/21/2010

PROPERTY OWNER

Name _____

Address _____

Daytime Phone _____ Email _____

APPLICANT

Name _____

Address _____

Daytime Phone _____ Email _____

Address of Subject Property _____

Description of Proposed Changes/Modifications _____

Your Application Must Include the Following, as Applicable:

Scaled drawings
Floor plans
Roofing samples

Sketches
Contractor's plans
Photographs (as necessary to illustrate proposed work)

Material Samples
Paint chips

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

Property Owner's or Authorize Agent's Signature

Date

DO NOT WRITE BELOW THIS LINE

Date Received: ___ / ___ / _____

Application ___ No

Date of Action: ___ / ___ / _____

Approved: ___ Yes

Expiration Date: ___ / ___ / _____

___ Yes, with conditions

Tracking Number: CA - _____