

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS



**City of Winder
P O Box 566
Winder, GA 30680**

Name of Applicant: _____

Address of Applicant: _____

Telephone #: _____

Location of Property (include street address if available): _____

Relationship of Applicant to Property (lessee, owner, etc.) _____

General Description of Each Modification or Improvement: _____

Is there an application relevant to this property and the subject modifications or improvements pending or contemplated before the Zoning Board or City Council? If so explain: _____

Who will represent applicant before the Historic Preservation Commission? If different from applicant furnish name, address, and phone number:

Signature of Owner

Date

Signature of Applicant