

Relocation Certificate Application

1. PROPERTY ADDRESS

Street and Number: _____

City: _____ State: _____ Zip Code: _____

2. LANDMARK NAME

3. PROPERTY OWNER NAME AND ADDRESS

Name: _____

Address: _____

Email: _____

Phone: (w) _____ (h) _____ (c) _____

4. APPLICANT INFORMATION

Name: _____

Address: _____

Phone: (w) _____ (h) _____ (c) _____

Relationship to project (architect, contractor, owner etc.): _____

Signature of Applicant: _____ Date: _____

5. OWNER'S CONSENT

I/we, the owner(s) of the subject property, hereby authorize _____ to:

- Make the application for a Relocation Certificate for the subject property; and/or
- Act for me at any meetings connected with this application, and to take such action as deemed advisable in connection with this application.

Signature of Owner: _____ Date: _____

6. ADDRESS OF RELOCATION

The address of the proposed new location is:

Street and Number: _____

City: _____ State: _____ Zip Code: _____

7. REASON FOR RELOCATION (Please provide a detailed description of the reason for the proposed relocation.)

8. STRUCTURAL SOUNDNESS OF LANDMARK OR STRUCTURE

Has the structure or landmark been found to be able to withstand the physical impacts of the relocation?

Yes

No

If yes, please identify the person who has determined the landmark or structure is capable of being moved:

Name

Company

Please attach supporting reports and documentation prepared by the above individual.

FOR OFFICE USE ONLY

Date Received: _____ Case No.: _____ Application Reviewed by: _____

Does the proposed relocation meet current zoning regulations (if applicable)? _____

Application submitted to Historic Preservation Commission on _____

RELOCATION CERTIFICATE

Action taken by Historic Preservation Commission:

- Approved
- Approved with conditions as follows: _____
- Denied

Date of Action _____

Chair, Historic Preservation Commission