



Chesterfield County Preservation Committee

9800 Government Center Pkwy
Planning Department
Chesterfield, VA 23832-0040

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APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

1 GENERAL INFORMATION

Applicant's Name: _____ Date: _____

Address of property for which alterations are proposed:

GPIN of Property (Staff)

Is property owned by Chesterfield County?

 Yes No

*If yes,
proceed to
part 2

Owner of Property (if other than applicant):

Address of Property Owner:

Telephone Number of Property Owner:

Email Address of Applicant:

Property Designation:

Building
Only

Entire
Property

Part of
Property

2 COUNTY-OWNED PROPERTY

Department Applying for CA:

Signature of Department Representative:

3 TYPE OF ALTERATION REQUESTED

Detailed description of each alteration requested - PLEASE LIST EACH SEPARATELY!

<input type="checkbox"/>	New Construction	
<input type="checkbox"/>	Alteration	
<input type="checkbox"/>	Demolition	

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4 PERSON OR COMPANY PERFORMING ALTERATION: _____

5 DRAWINGS/SCHEMATICS/PHOTOS ATTACHED? Yes No

6 NOTE TO PROPERTY OWNER

Property Owner's Signature: _____

If you wish to give someone else the authority to present this application and speak on your behalf, please fill out the following statement:

I, _____, authorize _____ to serve as my representative in all discussions, meetings, or transactions related to this application.

(Property Owner's Signature)

If neither you nor a designated representative can attend the Committee's meeting, and if you would like the Secretary of the Preservation Committee to present this application for you, please sign the following statement:

I authorize the Secretary of the Chesterfield County Preservation Committee to present this application on my behalf. If the Secretary is unable to answer any questions that the Committee may have, I understand that this application may have to be deferred.

(Property Owner's Signature)

OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE	
Landmark Case Number: _____	CA Case Number: _____
Meeting Date for Review: _____	Date Received: _____
<input type="checkbox"/> Granted	Condition(s): _____
<input type="checkbox"/> Denied	Reason for Denial: _____
Signature of Meeting Chair: _____	
Signature of Secretary: _____	