



APPLICATION TO CERTIFY
HISTORIC APPROPRIATENESS

City of Independence
555 S. Main St./ P.O. Box 7
Independence, OR 97351
Phone 503-838-1212 / Fax 503-606-3282

OFFICE USE ONLY	
Permit #:	Property Type:
Date Received:	HPC Required:
Received By:	Meeting Date:
Approved By:	Action Taken:

GENERAL INFORMATION

Project Address:

Project Summary (Attach Additional Sheets if Necessary):

The proposal seeks the following action? Alteration of Existing Structure Demolition
 New Construction Other

PROPERTY OWNER

Name:

Mailing Address:

City:

State:

Zip:

Phone:

Cell:

Email:

Property Owner Signature:

Date:

APPLICANT

Name:

Business Name (if Applicable):

Mailing Address:

City:

State:

Zip:

Phone:

Cell:

Email:

Applicant's Interest in Property:

PROJECT DETAILS

- Complete application
- Information sufficient to show the details of the project - Required submittals may include:
 1. A site plan that shows the dimensions and arrangement of the proposed work.
 2. Existing and proposed building photos/elevations.
 3. The proposed materials list.
- Written consent from the property owners where the use will be located, if not the applicant.

SIGNATURE

By signing this form, I certify that the above statements and the statements in the attachments and exhibits transmitted herewith are true. I also acknowledge that any permit subsequently issued on this application may be revoked if it is found that any such statements are false.

Applicant's Signature: _____ Date: _____

Print Name: _____