

City of Inverness  
**Application for Certificate of Appropriateness**  
 212 W. Main Street  
 Inverness, FL 34450  
 (352)726-3401



Address of Property: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

Check if same as Property Owner

Applicant Mailing Address: \_\_\_\_\_

Applicant E-Mail Address: \_\_\_\_\_ Applicant Cell Phone Number: \_\_\_\_\_

Please submit this completed application with the following supplemental items attached:

- Letter of intent stating all work being done, purpose of work, and all colors, materials to be used**
- Current photograph of property**
- Historical photograph of property (if available)
- A detailed list of all building materials and colors to be used (swatches and samples may be requested)**
- Site Plan or photograph of site with proposed changes
- Drawing of proposed changes, including dimensions of each element being added/removed**
- Required if signage is involved: scale drawing of signage, including dimensions, colors, locations, illumination, materials, and hardware listed noted

*This application may not be considered complete without supplemental items.*

***Bold items required for all projects.***

*Attachments should be 11" X 17" or smaller.*

*Certificate of Appropriateness becomes null and void if authorized work has not begun one year after issuance.*

Building Primary Material Type: <input type="checkbox"/> Wood <input type="checkbox"/> Brick <input type="checkbox"/> Stucco <input type="checkbox"/> Other: _____	Name of Contractor: _____ Has the building been previously painted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Property's Current Primary Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Other: _____	Will changes being made change the primary use? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, state new use: _____

Please check all that apply regarding the work to be done at the property:

<p><b>Masonry</b></p> <input type="checkbox"/> Type <input type="checkbox"/> Repointing <input type="checkbox"/> Cleaning <input type="checkbox"/> Removing paint <input type="checkbox"/> Repairing/replacing/removing <input type="checkbox"/> Coatings, including water repellent coatings	<p><b>Wood</b></p> <input type="checkbox"/> Removing Paint <input type="checkbox"/> Repairing/replacing/removing wood <input type="checkbox"/> Coating, including chemical preservatives	<p><b>Painting:</b> <i>Please provide samples and list all colors</i></p> <input type="checkbox"/> Brick: _____ <input type="checkbox"/> Other masonry: _____ <input type="checkbox"/> Wood: _____ <input type="checkbox"/> Other façade elements: _____
<p><b>Windows</b></p> <input type="checkbox"/> Repairing/replacing sashes <input type="checkbox"/> Changing number size, location, or glazing pattern <input type="checkbox"/> Cutting new windows <input type="checkbox"/> Closing or blocking <input type="checkbox"/> Replacing	<p><b>Entrances:</b> <i>including doors, fanlights, sidelights, pilasters, entablatures, columns, balustrades, stairs, etc.</i></p> <input type="checkbox"/> Entrance repair/replacement <input type="checkbox"/> Entrance removal <input type="checkbox"/> Porch removal <input type="checkbox"/> Porch closure/enclosure	<p><b>Roof:</b> <i>including dormers, chimneys, slates, tiles, shingles, metal, etc.</i></p> <input type="checkbox"/> Repairing roof <input type="checkbox"/> Replacing roof <input type="checkbox"/> Repairing/replacing features <input type="checkbox"/> Removing features
<p><b>Additions</b></p> <input type="checkbox"/> Addition to primary facade <input type="checkbox"/> Other addition: _____	<p><b>Demolition</b></p> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____	<p><b>Other</b></p> <input type="checkbox"/> Please explain: _____ _____

Signage to be installed:

<p><b>Location</b></p> <input type="checkbox"/> Window/door <input type="checkbox"/> Building <input type="checkbox"/> Pole <input type="checkbox"/> Other: _____	<p><b>Lighting</b></p> <input type="checkbox"/> Exterior illumination <input type="checkbox"/> Building illumination <input type="checkbox"/> Non-white lighting <input type="checkbox"/> Type: _____ <input type="checkbox"/> Other: _____	<p><b>Hardware</b></p> <input type="checkbox"/> Screw mounting <input type="checkbox"/> Wires <input type="checkbox"/> Tension system <input type="checkbox"/> Freestanding: <input type="checkbox"/> Other: _____
<p><b>Colors</b></p> <input type="checkbox"/> Please list: _____ _____	<p><b>Materials</b></p> <input type="checkbox"/> Masonry Type: _____ <input type="checkbox"/> Vinyl <input type="checkbox"/> Metal <input type="checkbox"/> Canvas <input type="checkbox"/> Other: _____	<p><b>Other signage elements</b></p> <input type="checkbox"/> Please explain: _____ _____

I hereby certify that I have examined this application and know the information presented herein to be true and correct. All provisions of laws and ordinance governing this type of work will be complied with whether specified or not. If a Certificate of Appropriateness (COA) is issued, it is my responsibility to verify if a Building Permit is necessary before beginning work, and to verify if inspections must be done upon completion of work. The granting of a COA does not give authority to violate or be exempt from the provisions of any other local, state, or federal law regulating construction or performance of construction.

**Work done without an applicable COA may result in a fine, and removal of unauthorized construction required.**

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's Printed Name

OFFICIAL USE ONLY

Staff Received:	Case Number:	Receipt #:
Select one: Contributing/Non-contributing	Date Received:	Built Circa: