



William Isley, Mayor

**Springville Historic Commission Application for Certificate of Appropriateness**

Date: \_\_\_\_\_

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

Property Address: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

Property Owner Signature, if not applicant: \_\_\_\_\_

Request being made: (check all that apply)

Sign Approval \_\_\_\_\_ Demolition \_\_\_\_\_ Remodel/Renovation \_\_\_\_\_ Alteration \_\_\_\_\_

New Construction \_\_\_\_\_ Addition \_\_\_\_\_ Modification \_\_\_\_\_ Paint \_\_\_\_\_ Other \_\_\_\_\_

Please briefly explain:

\_\_\_\_\_  
\_\_\_\_\_

**\*Please provide all plans and specifications of the request(s) being made along with this completed form to [mnolen@cityofspringville.com](mailto:mnolen@cityofspringville.com) or [Springvillezoning@gmail.com](mailto:Springvillezoning@gmail.com). Please allow 2-3 business days for a response. Thank you!**

Items Submitted:

Application \_\_\_\_\_

Paint Swatch \_\_\_\_\_

Photos \_\_\_\_\_

Letter of approval from Owner, if not applicant \_\_\_\_\_

Copy of Lease, if not Owner \_\_\_\_\_

Date Application submitted: \_\_\_\_\_

Date of Hearing: \_\_\_\_\_ Received by: \_\_\_\_\_