IHPC	Application for Certificate of Appropriateness	File No.	
		IHPC Hearing	
		Hearing Officer	
		Staff Approval	
		Hearing Date:	

Indianapolis Historic Preservation Commission
200 E. Washington Street, Suite 1801
Indianapolis, IN 46204
Ph: 317-327-4406 Fax: 317-327-4407

1. Address of Property Where Work is to be Done (Indicate Address or Legal Description):

2. Applicant's Name: _____

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Owner's Name: _____

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

3. Present Use of the Property: _____

4. Description of Work to Be Done (Use Additional Sheets if Necessary): _____

5. Contact Person: _____ Phone: _____

6. Estimated Cost of Project: _____ E-mail: _____

7. Documentation Submitted:

Site Plan ☐ Building Plans/Elevations ☐

Samples/Swatches ☐ Drawings/Sketches ☐

Photographs ☐ Other: _____

8. Signature of the Applicant _____ **Date** _____