

Case# _____
APPLICATION FOR A
CERTIFICATE OF APPROPRIATENESS
MERIDIAN ARCHITECTURAL REVIEW BOARD

Address of Site: _____

Historic Name of Site: _____

Name of Owner: _____

Representative of Owner: _____

Address: _____ Phone Number: _____

Meridian Downtown Historic District B-5 Central Business District

Application For: Sign Building

Other: _____

Architect/Designer: _____

Building Contractor: _____

Sign Contractor: _____

Anticipated Date of Construction: _____

Are You Applying For: MRA Facade Loan Main St. Façade Grant
 Tax Abatement

Federal/State Investment Tax Credit. If so, has certified rehabilitation process begun: () Yes () No Date: _____

PLEASE DESCRIBE EXISTING CONDITION OF THE BUILDING(S). Attach photographs of the existing building. _____

PLEASE PROVIDE DETAILED DESCRIPTION OF WORK TO BE COMTEMPLATED. You may use extra pages for this description. If possible, provide drawings and specifications for work to be done. _____

SIGNS: Be sure to indicate position on the building, size of sign and front lineal feet of building, size and position of all other signs on building, etc. Also, provide drawings, photographs or written description of the sign. _____

Applicant Signature

Date

FOR STAFF USE ONLY - - DO NOT WRITE BELOW THIS LINE

Date Building Constructed:	Year Listed on National Register:	Year Listed as a Mississippi Landmark:	Year Listed as City of Meridian Landmark:	Date Application Received:
Date Application Disapproved:	Date Application Approved:	Certificate of Appropriateness	Number	

Does this application meets the requirements of the following ordinances:

- Sign
 Zoning
 Curb Cuts
 Tree
 Preservation
 Building Codes
 Fire Codes
 Flood Zone

STAFF COMMENTS