



# HISTORICAL AND ARCHITECTURAL SITES COMMISSION

ECONOMIC AND URBAN DEVELOPMENT DEPARTMENT  
ONE GARY K. ANDERSON PLAZA  
DECATUR, ILLINOIS 62523  
P: 217.424.2781  
F: 217.424.2728

## APPLICATION CERTIFICATE OF APPROPRIATENESS

Property Address \_\_\_\_\_  
Name of Owner \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_  
Date of Original Construction \_\_\_\_\_ Original Use \_\_\_\_\_  
Construction Starting Date \_\_\_\_\_ Current Use \_\_\_\_\_

### Proposed Work

Exterior Alterations  Demolition  Addition  New Construction  Other

Describe fully the name and quality of the proposed work to be performed and the present condition of the structure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the proposed work change, affect or destroy any important feature of the structure or area?  Y  N

If yes, then describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will original materials be replaced?  Y  N If so, what is the estimated cost of repair (\$ \_\_\_\_\_ ) compared to replacement (\$ \_\_\_\_\_ )?

Is the proposed work necessary because of conditions that pose an imminent threat to the health, safety or welfare of citizens?  Y  N If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



What is the estimated cost of the project? \_\_\_\_\_  
(If the cost is twenty-five (25) percent of fair market value, have you considered applying for a property tax freeze?  Y  N For more information, call Mike Ward, Illinois Historic Preservation Agency at 217.785.5042)

If this request is for demolition, indicate the proposed use for the site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this is a request for new construction or an addition, please submit plans and drawings of proposed structure(s) as well as a non-engineered site plan.

Is the request part of the Olde Towne TIF Residential Rehabilitation Program?  Y  N

Provide any other information which might be pertinent for the application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please submit photographs to identify existing conditions** as well as plans and elevations as appropriate to adequately portray how the proposed changes will affect the existing structure.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Departmental Use Only**

Application Approved  Denied

Notes/Conditions/Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate Approved

Date: \_\_\_\_\_ By: \_\_\_\_\_  
HASC Chairperson

Certificate Issued

Date: \_\_\_\_\_ By: \_\_\_\_\_  
Historic Preservation Administrator

Certificate Number \_\_\_\_\_

Cc: File  
Building Inspections