

**CITY OF STE.GENEVIEVE, MISSOURI**

165 S. Fourth Street  
Ste. Genevieve, MO 63670  
Phone (573) 883-5400 Fax (573) 883-8105

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

**APPLICATION  
CERTIFICATE OF APPROPRIATENESS**

PLEASE FILL OUT COMPLETELY

PLEASE PRINT

**PROJECT INFORMATION**

ADDRESS: \_\_\_\_\_

CHECK ALL THAT APPLY:    ADDITION \_\_\_    RENOVATION \_\_\_    RESTORATION \_\_\_    REPAIR \_\_\_  
DEMOLITION  
REHABILITATION \_\_\_    ACCESSORY BUILDING \_\_\_    FENCE \_\_\_    OTHER \_\_\_

Briefly Describe the Request:

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

**CONTACT INFORMATION**

APPLICANT/PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**\*\*\* Email to be used for any communication by city staff. \*\*\***

CONTRACTOR: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**I CERTIFY THAT I AM THE OWNER IN FEE OR AGENT & AUTHORIZED TO APPLY FOR THIS CERTIFICATE OF APPROPRIATENESS. I UNDERSTAND THAT THE SUBMITTAL OF INCOMPLETE PLANS OR FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY MAY RESULT IN THE DELAY OF PLAN REVIEW AND PLACEMENT ON THE MEETING AGENDA.**

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

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

***\*The signature of each owner of record must accompany this application!***

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**PROPERTY DESCRIPTION**

YEAR BUILT: \_\_\_\_\_

ARCHITECTURAL STYLE: \_\_\_\_\_

Is the property considered to be a contributing building of a designated Historic District?

Yes  No

Has the property been designated as any of the following?

**Local Historic Landmark?**  Yes  No

**National Historic Landmark?**  Yes  No

Is the property considered eligible for either designation?

Yes  No

Please give a brief history and significance of the property:

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

**PROJECT DESCRIPTION**

Will the proposed project comply with the Ste. Genevieve, Missouri  
Design Guidelines, Historic Preservation Ordinance, and  
The Secretary of the Interior's Standards?

Yes  No

If not, how will the proposed project vary from the above guidelines?

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

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Explain the reason(s) for varying from the above guidelines. ***(If the reason includes a hardship, you will be required to include supporting documentation with the application:***

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**WITH THIS APPLICATION, PLEASE INCLUDE:**

- A list of materials to be used for this project. *(If possible, please bring samples to the meeting for the Commission to examine).*
- A site plan of the property *(please include dimensions)* if applicable.
- Detailed drawings of any construction plans.
- Photos of your property, including *any historical photos* if available.
- Supporting documentation if declaring a hardship *(includes price quotes for all materials, including estimates for substituted materials)*

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FOR OFFICE USE ONLY

Is property in a floodplain: Yes  No

Does project require a building permit Yes  No

Does project require a variance or SUP Yes  No  \_\_\_\_\_

Does project require approval of Board of Alderman Yes  No

Heritage Commission Meeting Date: \_\_\_\_\_

Approved  Denied

\_\_\_\_\_  
**Community Development Administrator**

\_\_\_\_\_  
**Date**