



City of Darien

P.O. Box 452 | 106 Washington Street | Darien, Georgia 31305 | 912-437-6686

**HISTORIC PRESERVATION COMMISSION APPLICATION FOR
CERTIFICATE OF APPROPRIATENESS**

Applicant Name: _____ Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Property Owner's Name: _____ Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

PROPERTY DESCRIPTION:

Location: _____

Tax Map & Parcel #: _____ Zoning: _____

TYPE OF PROJECT: (Please circle one)

- | | | |
|---------------------------|-------------------|---------------------|
| 1. Sign | 4. Accessory Uses | 7. Park, Monuments, |
| 2. Remodeling & Additions | 5. Demolition | Fountains |
| 3. Material Changes | 6. Relocation | 8. New Construction |

SIGNATURE OF APPLICANT _____

SIGNATURE OF PROPERTY OWNER _____

Date received: _____ Signature: _____

APPROVED APPROVED W/ COMMENTS APPROVED W/ PROVISIONS DENIED DATE _____

NOTE: THE HISTORIC COMMISSION MEETS MONTHLY ON THE 4th THURSDAY OF EACH MONTH AT DARIEN CITY HALL ON THE 2nd FLOOR AT 5:00PM. PLEASE SUBMIT COMPLETED APPLICATIONS, INCLUDING CHECKLIST AND SUPPORTING DOCUMENTS TO THE COUNTY BUILDING AND ZONING OFFICE AT 100 MADISON ST OR TO THE EMIAL LISTED BELOW. APPLICATIONS MUST BE RECEIVED 15 DAYS PRIOR TO THE NEXT SCHEDULED MEETING OR A VOTE WILL BE DELAYED UNTIL THE NEXT MEETING. APPLICATION IS VOID IF WORK NOT STARTED WITHIN SIX (6) MONTHS OF APPROVAL DATE. **Adopted 2019**

Please refer to the Darien Historic District Guidelines, as well as the City of Darien Municipal Codes.