Town of Waxhaw 1150 N. Broome Street P.O. Box 617 Waxhaw, NC 28173 704-843-2195



Date Received:_	
Received By:	

CERTIFICATE OF APPROPRIATENESS APPLICATION

Application Number: COA	
(Application Number to be filled in by staff)	
Applicant Information	
Name	Phone Number (Day)
Mailing Address	
Property Owner Information	
Name	Phone Number (Day)
Mailing Address	
Property Information	
Property Address	
Parcel Number	Zoning
Are there structures existing on the proper	ty? Yes No Year Built
If yes, please list:	
Which of the following are being requested	d? ☐ Minor Work (Staff) ☐ Major Work (WHPC)
Describe the project	
☐ I have met with the Town of Waxha	w staff to review my application request.
I am aware of the Waxhaw Histori	ic District Design Guidelines and how they apply to

I have attached the necessary and requested additional information to fully describe the appearance of the proposed work, such as site plans, elevations or sketches drawn to scale, or that reasonably approximate the scale and basic dimensions of the work, color samples, photographs, product brochures or other documents.		
If I am requesting demolition, I am aware that while application, they may stay it in order to find alternative so		
I am aware that Town of Waxhaw staff or WHPC member at reasonable times to inspect the work or the site solely in		
The Waxhaw Historic Preservation Commission meets the secon 5:30 pm at Waxhaw Town Hall. To the best of my knowledge, submitted is accurate and complete.		
Signature of Property Owner	Date	
Signature of Applicant	 Date	
For Office Use Only		
Completed Application Submitted on		
Application reviewed by (staff member)		
WHPC public hearing scheduled for		
Public Notice Filed onin		
Notification to adjacent property owners mailed on		
Action of the WHPC		
Conditions, if any		
All of the information herein required has been submitted by the attached with this application.	e applicant and is included or	