

FOR OFFICE USE ONLY		
CASE NO.:		
SUBMITTAL DATE:	INITIAL:	

Downtown Amarillo Urban Design Standards

CERTIFICATE OF APPROPRIATENESS (COA)

APPLICATION

MINIMUM SUBMITTAL REQUIREMENTS: ☐ Application provided by City of Amarillo completed in full. This application must be used and may not be adjusted or altered. Please attach pages if additional information is provided. ☐ Supplemental Materials including site plans, elevations, and/or building materials list or any other documents needed to accurately describe proposed work.		
Property Information:		
Project Name (if applicable):		
Project Property Address:		
Legal Description:		
Tax I.D. No.:		
Existing Zoning:		
Land Use: (Existing)(Proposed)		
Historical Designation (if applicable): ☐ National ☐ State ☐ Local		
Property Owner(s):		
Firm Name (if applicable):		
Address:		
Telephone: () Email:		
Owner's Agent (Main contact person responsible for application)		
Firm Name (if applicable):		
Address:		
Primary Contact Name:		
Telephone: (Email:		
Secondary Contact Name:		
Telephone: ()Email:		

APPLICATION IS NOT VALID WITHOUT COMPLETION OF ALL PAGES AND SIGNATURES

Description of Proposed Work (please use additional paper if necessary) Please describe your proposed work as simply and accurately as possible. Attach additional and/or supplemental material as requested in the "Required Documents With Application" section.		
Acknowledgements		
I certify that the above information is correct and complete to the best of my knowledge that I am now or will be fully prepared to present the above application to Planning (Staff) and/or the Downtown Urban Design Review Board (the Board), whichever may	Department staff	
I understand that in considering my application, Staff or the Board will determine whether the proposed work complies with the Downtown Amarillo Urban Design Standards.		
I understand that I may appeal the decision of the Planning Director or designee to the Board by submitting a written notice of appeal to the Planning Department within ten days after receipt of notification of the Planning Director's or designee's decision. The Board may uphold, reverse or modify the decision of the Planning Director or designee. I also understand that all decisions of the Board may be appealed to the Zoning Board of Adjustments by filing a written notice of appeal with the Building Official within fifteen days after receipt of notification of the Board's decision.		
I understand that approval of this application by Staff or the Board DOES NOT ne other applicable requirements needed to obtain required permits.	gate me from any	
I agree to provide any additional information necessary for determining eligibility as requested by Staff and/or the Board and that a Certificate of Appropriateness must be received before any other applicable permits are issued.		
Signature of Applicant: Date:		
Signature of Owner (if not applicant): Date:		
Approval Information		
□ Approved– Please issue permit		
☐ Approved With Conditions— Please issue permit in accordance with conditions (attached)		
☐ Denied— Please do not issue permit or allow work		
Planning Department: Date:		