



OZARK HISTORIC PRESERVATION COMMISSION

P.O. Box 295 Ozark, Missouri 65721
(417) 581-2407 Fax (417) 581-0353

Certificate of Appropriateness/Certificate of No Effect Application

Please complete all information on both pages of the application and attach additional information requested by the checklist.

COA \$140.00

CNE \$40.00

Applicant Information

Site Address: _____

Business Name: _____

Applicant: _____

Check One: Owner Tenant Contractor Architect Engineer

Mailing Address: _____

Building Owner: _____

Mailing Address: _____

Email: _____ Phone: _____

Contractor Business Name: _____

Contractor Name: _____

Mailing Address: _____

Email: _____ Phone: _____

The undersigned applicant and owner agree to comply with all conditions of an approved Certificate of Appropriateness (COA) including familiarity of the OHPC Design Guidelines and other conditions as specified by the OHPC and/or City of Ozark building codes and regulations. I understand that no changes in scope of work are permitted without the additional review and approval of OHPC. Failure to adhere to the approved project scope constitutes a City of Ozark building code violation.

Applicant: _____ **Date:** _____

Owner: _____ **Date:** _____



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Project Description

Sample applications are available from the P & D Staff upon request.

Type of Improvement:

- Repairs
- Alterations
- Demolition
- Addition
- New Construction
- Signage

Description of work: _____

Supporting Documentation: *(digital files appreciated)*

- Site plan with structures located on property
- Photographs indicating current condition of each building elevation
- Scaled drawings of proposed work on building elevation with detailed measurements. This should demonstrate the final proposed work product.
- A scaled drawing of the buildings on each side for context
- List of materials proposed for project with drawings indicating where each will be used.
- Samples and/or informational data for materials to be used in proposed work.
- Additional information as deemed necessary by OHPC and/or P & D staff.

<input type="checkbox"/> Certificate of No Effect (CNE)	<input type="checkbox"/> Certificate of Appropriateness (COA)
Staff Signature: _____	Date: _____

Certificate of Appropriateness:

Approved:	OHPC Official Signature: Date:
Denied:	OHPC Official Signature: Date: