



Certificate of Appropriateness - Minor (Staff) Project Application

Please print legibly or type

	DATE:	PROJECT NO:	CASE NO: HP10-
PROJECT ADDRESS (NOT MAILING LIST):	HISTORIC DISTRICT/LANDMARK NAME:		
APPLICANT'S NAME:	PROPERTY OWNER'S NAME:		
APPLICANT'S ADDRESS:	PROPERTY OWNER'S ADDRESS:		
CITY, STATE, ZIP:	CITY, STATE, ZIP:		
TELEPHONE (INCLUDING AREA CODE):	TELEPHONE (INCLUDING AREA CODE):		
EMAIL ADDRESS:	EMAIL ADDRESS:		
PRIMARY CONTACT PERSON:	<input type="checkbox"/> Applicant <input type="checkbox"/> Property Owner		

Please check the appropriate boxes below.

*Only check a box if it accurately and describes your proposed work, otherwise leave boxes blank.
In addition, please briefly describe your project noting materials, colors, location, and type of work proposed.
Also note the reason for the requested modification.*

1. PROPOSED PROJECT

- | | | | |
|---|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Relocation | <input type="checkbox"/> Addition | <input type="checkbox"/> Signage/Awning |
| <input type="checkbox"/> Restoration/Rehabilitation | <input type="checkbox"/> Alteration | <input type="checkbox"/> Demolition | <input type="checkbox"/> Other: _____ |

2. PROJECT DESCRIPTION

3. REASON FOR CHANGE(S)

TOTAL SQUARE FEET OF THIS PROJECT:	VALUATION OF WORK COVERED BY THIS APPLICATION:
COMM RES GAR MISC	\$

I, the undersigned, declare under penalty of perjury under the laws of the State of California that the information on this Certificate of Appropriateness application is true and correct. In addition, I understand that I cannot proceed with the environmental changes requested in this application unless and until a Certificate of Appropriateness is issued by the Cultural Heritage Commission or the Historic Preservation Officer. I further understand that neither this application nor a subsequently issued Certificate of Appropriateness supersedes the need to obtain the necessary building permits and other applicable permits under the City of Long Beach Municipal Code.

Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY BELOW THIS LINE

CEQA Review:	<input type="checkbox"/> Exempt	<input type="checkbox"/> Pending	<input type="checkbox"/> Completed (note type):	
Project Review:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Referred to CHC	COA Fee: \$
				Other Fee: \$
Issued By: _____	Date: _____			9.3% Surcharge: \$
				TOTAL: \$

To request this information in an alternative format or to request a reasonable accommodation, please contact the Development Services Department at longbeach.gov/lbds and 562.570.3807. A minimum of three business days is requested to ensure availability; attempts will be made to accommodate requests with shorter notice.