

City of DeLand Application For: Certificate of Appropriateness

For Staff Use C	Only:
APPL. # CA-	_

Applicant Signature: _

Type of Request (Check All Applicable):	New Construction**				
	Alteration				
	Demolition Relocation				
Property Address:					
Cross Street:					
Applicant Name:					
Applicant Address:					
City:	State	Zip Code			
Telephone #		Extension:			
E-mail					
Applicant Signature:					
Owner Name:					
		Zip code:			
Telephone #		Extension:			
E-mail					

** For all new construction, please provide a narrative (use a separate sheet if necessary) describing how the proposed new construction conforms with the following:

rief Description of Proposed Work (Provide pho aterials and color. For other submittals refer to	attached requirements	s):	r -J, morado
son For Request:			
	STAFF USE ONL	Y:	
Application received by:		Date:	
Fee Due: \$80 PAID:		Date:	