

**CITY OF MUSKOGEE
HISTORIC PRESERVATION COMMISSION
Application for Certificate of Appropriateness**

Type of Permit: Building_____ Demolition_____ Moving_____ Sign/Mural_____

Street Address of Property: _____

Legal description of property: _____

Existing Use of Property: _____ Proposed Use: _____ Zoning: _____

Name of property owner: _____

Street address of Owner: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Name of Applicant (if different from owner): _____

Street address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Describe the proposed modifications to the structure(s) and site. Explain how the modifications will maintain the historic character of the structure and meet the intent of the Secretary of Interior's Standards for Rehabilitation (use additional sheets if necessary):

I certify that the above information is correct:

Signature of Owner(s)

Date

I. FOR PLANNING DEPARTMENT USE: Date Submitted: _____

Date of Historic Preservation Commission Meeting: _____

Action of Commission: Approved: _____ Denied: _____

Signature of Historic Preservation Commission Chairperson

Date