



# APPLICATION FOR A CERTIFICATE OF APPROPRIATENESS (COA)

City of Covington- Historic Preservation and Planning  
 Department of Development  
 20 W Pike Street Covington, KY 41011  
 Tel: (859) 292-2171 Fax: (859) 292- 2106  
 email: eahouse@covingtonky.gov  
 www.covingtonky.gov

PROPERTY IMPROVEMENT INFORMATION				
<b>Property Designation</b>	<input type="checkbox"/> Historic Preservation Overlay Zone	<input type="checkbox"/> Individual Landmark	<input type="checkbox"/> KRS Chapter 99 Development Plan	<input type="checkbox"/> Area Protection Overlay Zone
<b>Property Address</b>	Street Address		Covington, KY	Zip Code
<b>Current Use</b>				
<b>Type of Improvement/ Work Description</b>		Describe work proposed below and attach plans (ie. materials, design, placement) For additional room use second page.		
<input type="checkbox"/> Alteration (visible changes to exterior)				
<input type="checkbox"/> Demolition				
<input type="checkbox"/> Relocation				
<input type="checkbox"/> New Construction				
<input type="checkbox"/> New Building, <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Structure				
<input type="checkbox"/> General Maintenance				
<input type="checkbox"/> Re-Roofing, <input type="checkbox"/> Wood Repair, <input type="checkbox"/> Exterior Painting, <input type="checkbox"/> Misc.				
<input type="checkbox"/> Other				
Pools, Fencing, Driveways, Landscaping, Interior Work, etc...				

APPLICANT INFORMATION (PLEASE PRINT)	
Applicant is <input type="checkbox"/> owner <input type="checkbox"/> contractor <input type="checkbox"/> architect <input type="checkbox"/> consultant <input type="checkbox"/> other _____	
Owner's Name: _____	Applicant's Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: _____ Cell: _____	Telephone: _____ Cell: _____
Work: _____ Fax: _____	Work: _____ Fax: _____
Email: _____	Email: _____

- I have reviewed the Covington Design Guidelines
- I understand that if this application is retroactive (ie work has been done before a COA has been issued), I will be assessed an application fee per §12.14.02 (D) and §12.14.10 (B) of the Covington Zoning Code. The fees are \$50 for a Staff Only Approval, and \$100 if a UDRB Review is required.
- I or my representative will attend the UDRB meeting  
*If a representative is not at the UDRB meeting, it is not guaranteed that a decision will be made.*
- I am applying for Federal or State Historic Preservation Tax Credits

I HEREBY CERTIFY that I understand this application will not be accepted and processed until all the requested information has been supplied. I also understand this application may require a site visit/additional research by staff and a PUBLIC HEARING by the CITY OF COVINGTON URBAN DESIGN REVIEW BOARD. I hereby certify that I am the owner of this building / property and I will comply with all the applicable laws and codes and make the proposed improvement in accordance with the submitted plans and specifications.

\_\_\_\_\_  
SIGNATURE OF OWNER(S)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AGENT(S)

\_\_\_\_\_  
DATE

## WORK DESCRIPTION

Describe work proposed below and attach plans (ie. materials, design, placement)

*IF APPROVED, THIS CERTIFICATE OF APPROPRIATENESS IS VALID FOR 6 MONTHS AND MUST REMAIN ON JOB SITE FOR THE DURATION OF THE WORK*

### OFFICE USE ONLY

Date Received:

All required documentation submitted

UDRB Review Required

UDRB Meeting Date: