



**CITY OF CENTRAL
HISTORIC PRESERVATION APPLICATION**
P. O. Box 249, Central City, CO 80427
303-582-5251 ext. 402

Application for Certificate of Appropriateness*:

Name: _____

Physical Address of Property: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Contact Person: _____

Project Type: _____

Project Description: (Please describe the scope of the project in detail.) Attach additional pages if needed.

Project Photos: (Attach photos/drawings of the proposed project area, including proposed materials to be used in the repair/restoration/replacement. This includes paint colors.)

Signature of Applicant: _____

Printed name of Applicant: _____

Date: _____

***Please note that the applicant or their representative must be present at the scheduled Historic Preservation Commission meeting for this application to be considered.**