



## City of Dalton, Georgia Application for Certificate of Appropriateness

**NOTE: APPLICATIONS MUST BE SUBMITTED BY THE CLOSE OF BUSINESS TEN DAYS PRIOR TO THE DATE OF A REGULARLY SCHEDULED MEETING.** Applications submitted by this deadline will be entered on the agenda for the regular meeting of the Historic Preservation Commission held on the second Thursday of each month. Applications received less than ten days prior to the regularly scheduled meeting will not be considered until the following month. **Return completed application with supporting documentation to City of Dalton, Administration Department, Dalton City Hall, 2nd Floor, 300 West Waugh Street, Dalton, GA 30720** or email to Kimberley Witherow, HPC Secretary, at [kwitherow@daltonga.gov](mailto:kwitherow@daltonga.gov)

Applicants must be present at the reading of the application in order for the application to be considered. You will be sent a Certificate of Appropriateness or notified in writing of the decision of the Commission.

Incomplete applications will not be accepted. In order for the application to be considered complete, it must include the following:

- Plans and drawings to scale, photographs, and other documentation deemed necessary;
- A completed application form (attached);
- Applications for demolition or relocation must include plans for future use of the site.

Before submitting an application, please consult the Dalton Historic District Design Guidelines to ensure that your project is in compliance with the historic district regulations. Historic Preservation Commission members are not bound by decisions rendered in the past.

Building permits will not be issued until the application is approved.

If you have any questions, please call 706-278-9500 x-2403 or email [kwitherow@daltonga.gov](mailto:kwitherow@daltonga.gov)



**Application for Certificate of Appropriateness**

Pre-Application  
 Preliminary site visit request  
 Application  
 Plans & Drawings to scale, photographs,  
and other necessary documentation

Date Received \_\_\_\_\_  
Hearing scheduled \_\_\_\_\_  
Application should be received 10 days  
prior to a scheduled meeting on the 2nd  
Thursday of each month

**Property to be considered:**

Address of Property: \_\_\_\_\_

Tax Map Identification (Parcel#): \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Doing Business as (if applicable): \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Cell: \_\_\_\_\_ Work/Home: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship of Applicant to Property (Lessee, owner): \_\_\_\_\_

Architect: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Type of Building**

**Proposed Work**

- |                                          |                                                         |                                                           |
|------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Single Family   | <input type="checkbox"/> Addition to existing structure | <input type="checkbox"/> Alteration to existing structure |
| <input type="checkbox"/> Commercial      | <input type="checkbox"/> Repair                         | <input type="checkbox"/> New Construction                 |
| <input type="checkbox"/> Two Family      | <input type="checkbox"/> Fence/Wall                     | <input type="checkbox"/> Landscaping                      |
| <input type="checkbox"/> Garage          | <input type="checkbox"/> Parking                        | <input type="checkbox"/> Sign/Advertising                 |
| <input type="checkbox"/> Multi-Family    | <input type="checkbox"/> Demolish/Move                  | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> Office Building |                                                         |                                                           |

Is there an application relevant to this property and the subject modifications or improvements pending or contemplated before the Board of Zoning Appeals, City Planning Commission or City Council? If so, please specify: \_\_\_\_\_

\_\_\_\_\_

Who will represent applicant before the Historic Preservation Commission:

Name: \_\_\_\_\_

Title or relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe the proposed scope of the project and the work in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the condition of the areas that would be improved: \_\_\_\_\_

\_\_\_\_\_

What materials will be used? Specific models and profiles of windows/doors, brand and manufacturer, specific type of roofing or siding, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How would the work change the appearance of the building? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When would the work begin? \_\_\_\_\_

What would be the anticipated completion date? \_\_\_\_\_

Signature or owner (where applicable): \_\_\_\_\_

Name (Print or type): \_\_\_\_\_

Signature of applicant or agent: \_\_\_\_\_

Name (Print or type): \_\_\_\_\_

Return completed application with all supporting documentation to: [kwitherow@daltonga.gov](mailto:kwitherow@daltonga.gov) or City of Dalton, Administration Dept., 300 West Waugh Street, Dalton, GA 30720

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**TO BE COMPLETED BY CITY STAFF:**

Received by \_\_\_\_\_ Docket No. \_\_\_\_\_  
Date \_\_\_\_\_ Qualifies for Administrative Review: \_\_\_ Yes \_\_\_ No