

CERTIFICATE OF APPROPRIATENESS APPLICATION

City of Starkville

110 West Main Street

Starkville, MS 39759

Ph:662.323.2525

Email: buildingdept@cityofstarkville.org



APPLICANT'S INFORMATION

Name: _____ Phone: _____

Company Name: _____

Name: _____

Email: _____

Address: _____

PROPERTY OWNER'S INFORMATION (IF NOT APPLICANT)

Name: _____ Phone: _____

Email: _____

Address: _____

PROPERTY INFORMATION

Property Address: _____

Parcel Number: _____ Current Zone District: _____

PROJECT INFORMATION

Type of Project:	<input type="checkbox"/> New Construction (freestanding or addition)	Project and Materials Description:	<input type="checkbox"/> Exterior Siding/ Finishes/ Masonry
	<input type="checkbox"/> Substantial Rehabilitation		<input type="checkbox"/> Windows and Dormers
	<input type="checkbox"/> Minor Exterior Changes		<input type="checkbox"/> Porches/ Decks/ Balconies
	<input type="checkbox"/> Demolition		<input type="checkbox"/> Exterior Doors
	<input type="checkbox"/> Relocation		<input type="checkbox"/> Walls and Fences
			<input type="checkbox"/> Roofs
			<input type="checkbox"/> Chimneys
			<input type="checkbox"/> Shutters
			<input type="checkbox"/> Foundations
			<input type="checkbox"/> Outbuildings

Applicant's Signature: _____
Date: _____

Property Owner's Signature: _____
Date: _____ (required if not applicant)