



CITY OF CARROLLTON

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Property Owner: _____

Phone Number(s): _____

Applicant: _____

Applicant Address: _____

Project Address/Location: _____

Description of proposed change(s): *(Attach additional information if necessary)*

Adjacent Property Owners:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Complete a Letter of Request

Submit Applicable Drawings

Applicant's Signature

Date

STAFF USE ONLY				
Date Received	HP Meeting Date	Action Taken	COA #	COA Expiration Date