



II Centennial Plaza  
 805 Central Avenue, Suite 500  
 Cincinnati, Ohio 45202  
 Monday- Friday 7:30 am—4 pm  
 (513) 352-4848  
[Urban.Conservator@Cincinnati-OH.gov](mailto:Urban.Conservator@Cincinnati-OH.gov)

Office Use Only	
Application #:	_____
Date Accepted:	_____
<input type="checkbox"/> Paid:	_____

## CERTIFICATE OF APPROPRIATENESS APPLICATION Staff Level Review

### SUBJECT PROPERTY

Site Address: \_\_\_\_\_  
 Hamilton Co. Parcel ID No.: \_\_\_\_\_ Zoning District: \_\_\_\_\_  
 Historic District: \_\_\_\_\_ Overlay District: \_\_\_\_\_

### PRIMARY CONTACT INFO PROPERTY OWNER OTHER \_\_\_\_\_ (AGENT, ATTORNEY, ARCHITECT, ETC.)

Name: \_\_\_\_\_  
 Contact Person (if legal entity): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### PROPERTY OWNER INFO SAME AS ABOVE

Name: \_\_\_\_\_  
 Contact Person (if legal entity): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### CERTIFICATE OF APPROPRIATENESS (SELECT ALL THAT APPLY)

- Alteration  Fence  Windows

Provide a very brief summary of the project:

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

### SUBMISSION REQUIREMENTS & REQUIRED ATTACHMENTS

**All persons seeking historic tax credits must provide a copy of their approved part II tax credit application. Provide all specifications, plans and or elevations associated with your request**

The owner or agent of this building and undersigned does hereby certify that the information and statements given on the application, drawings, and inspections ae to the best of their knowledge true and correct. The undersigned further certifies their authorization to grant consent to the inspection by employees of the City of Cincinnati of the described premises at any time when work on those premises is ongoing and hereby grants their consent.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_