



Rockford Historic Preservation Commission
Application for a Certificate of Appropriateness

NAME OF APPLICANT _____

ADDRESS _____

DAY-TIME PHONE NUMBER

APPLICANT IS **OWNER** **LESSEE** **CONTRACTOR** **OTHER**

APPLICANT'S ADDRESS (if different from above)

APPLICANT'S EMAIL: _____

TYPE OF WORK PROPOSED

- Addition New construction Exterior remodeling
- Demolition Porch/deck Roof repair/replacement
- Garage Landscaping Fence
- Sign Other (specify)

DESCRIPTION OF PROPOSED WORK

(continued on next page)

