



Certificate of Appropriateness Application

Community Development Department Phone: 678-421-2027
 65 Lawrenceville Street Norcross, GA 30071

JOB LOCATION			
Job Site Address:	Lot #	Tax Parcel ID:	
LANDOWNER OF RECORD			
If applicant is not the owner, as listed on the property deed, a letter from the owner authorizing the proposed work must be included along with the owner's phone number and address.			
Name:	Phone:		
Address:	City:	State:	Zip Code:
APPLICANT			
Applicant Name:	Phone:		
Company Name:	Email:		
Address:	City:	State:	Zip Code:
DESCRIPTION OF PROJECT			
Project Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other project			
<p>Briefly, yet accurately, describe all new construction, alterations, repairs or other changes to the exterior appearance or site for the property under consideration. Use additional pages as needed:</p> 			
STATEMENT			
<p>Has this property been before the Mayor and Council, Downtown Development Authority, Architectural Review Board, Board of Appeals or Board of Planning and Zoning within the last 24 months?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p style="text-align: center;">If yes, please list the board and reference number:</p> <p style="text-align: center;">_____</p>			
OWNER'S SIGNATURE			
Signature:	Date:		
<p>NOTE: Please submit electronic copies online of site plan, landscape plan, floor plans, paint palettes, as well as photos for all proposed building materials, light fixtures, windows, and doors, along with this application form by creating an account with https://eplansolution.com/norcrossga Hard copies of application materials will not be accepted.</p>			



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Foundation Type: (Circle One)		
Slab	Crawl Space	Basement
Building Dimensions:		
Width:	Length:	Height:*
Area Dimensions:		
First Floor:	Second Floor:	Third Floor:
Basement**:	Front Porch:	Rear Porch:
Patio:	Garage:	
Primary Roof System: (Circle One)		
Gable	Hip	Grambel
Mansard	Jerkinhead	Flat
Saltbox	Shed	Other:
Roof Pitches:		
Primary Roof Pitch:		
Secondary Roof Pitch:		
Additional Roof Pitch:		
Floor and Elevation Plan information to be included on each		
Street Address and Lot Number	Scale with scale bar	Scaled measurement for each floor level and building elevation
Site Plan and Landscape Plan information to be included on each		
Scale with scale bar and North Arrow	Building and driveway foot print	HVAC and utility equipment
Location and type of plantings	List of planting materials	
*Height of building means the vertical distance measured from grade to the highest finished roof surface in the case of flat roofs or to a point at the average height of the highest roof having a pitch.		
**Dwellings with a basement and a third story must submit a grade plan elevation to determine if the residential building has a fourth floor.		



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ELEVATION COLOR AND MATERIAL PLACEMENT ADDENDUM (Façade and sides)		
Component	Color (Include manufacturer's ID)	Material
Primary Façade: First		
Primary Façade:		
Primary Façade: Third		
Left Side:		
Left Side: Second		
Left Side: Third		
Left Side:		
Right Side:		
Right Side: Second		
Right Side:		
Right Side:		
Rear: First		
Rear: Second		
Rear: Third		
Rear: Basemnt		



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COLOR AND MATERIAL PLACEMENT ADDENDUM (Exterior Components)		
Component	Color (Include manufacturer's ID)	Material
Masonry		
Garage Doors		
Trim		
Mortar		
Gutters		
Corner Board		
Railings		
Windows		
Window Sills		
Window Muntin/Mulli		
Columns		
Other Architectural Features		
Other Architectural		



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ARCHITECTURAL REVIEW BOARD MEETING CALENDAR

Pre-Application Submittal Deadline	Application Submittal Deadlines	ARB Meeting
12/01/2024	12/08/2024	01/21/2025
12/30/2024	01/06/2025	02/18/2025
01/27/2025	02/03/2025	03/18/2025
02/24/2025	03/03/2025	04/15/2025
03/31/2025	04/07/2025	05/20/2025
04/28/2025	05/05/2025	06/17/2025
05/26/2025	06/02/2025	07/15/2025
06/30/2025	07/07/2025	08/19/2025
07/28/2025	08/04/2025	09/16/2025
09/01/2025	09/08/2025	10/21/2025
09/29/2025	10/06/2025	11/18/2025
10/27/2025	11/03/2025	12/16/2025

HISTORIC PRESERVATION COMMISSION MEETING CALENDAR

Pre-application Meeting Deadline	Application Submittal Deadline	Historic Preservation Commission Meeting
12/01/2024	12/08/2024	01/22/2025
01/06/2025	01/13/2025	02/26/2025
02/03/2025	02/10/2025	03/26/2025
03/03/2025	03/10/2025	04/23/2025
04/07/2025	04/14/2025	05/28/2025
05/05/2025	05/12/2025	06/25/2025
06/02/2025	06/09/2025	07/23/2025
07/07/2025	07/14/2025	08/27/2025
08/04/2025	08/11/2025	09/24/2025
09/01/2025	09/08/2025	10/22/2025
10/06/2025	10/13/2025	11/26/2025
11/03/2025	11/10/2025	12/24/2025

ARCHITECTURAL REVIEW BOARD/ HISTORIC PRESERVATIONS REVIEW FEES		
Commercial/Industrial Major Reviews	Major Project Reviews	\$500
Commercial/Industrial Reviews	Minor improvements to façade	\$150
Residential Major Review	New Residential Construction in the City or Historic District	\$150
Residential Minor/Administrative Staff Review	Minor improvements or alterations in the City or Historic District/Administrative Staff Review	\$25
Historic Demolition	Historic Demolition Review	\$500



Owner Affidavit

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Section I. Land Ownership	
I, _____, hereby attest to ownership of the property located at _____, Parcel ID# _____ for which this Application is submitted. The Ownership, as recorded on the deed, is in the name of _____.	
Section II. Type of Ownership	
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Government	
Corporation/LLC/Partnership Name:	Secretary of State Registration Number:
_____	_____
	Registered Agent Name:

Provide Names of all Officers/Members/General Partners (If applicable):	
Registered Agent Address:	Registered Agent Phone #:
COMPLETE BY OWNER	
As the owner of the above designated property for which this affidavit is submitted, I wish to allow _____ (applicant's name) to apply for a _____ for the address mentioned in Section I of this form. I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.	
NOTARY	
Owner states under oath that he/she is the owner of the property described under Section I, which is made part of this Application.	Sworn and subscribed before me this _____ day of _____, 20_____.
Name:	Notary Public:
Address:	Seal:
City, State, Zip Code:	
Email address:	
Phoner Number:	
Owner's signature:	Commission expires: