



**City of Dawsonville**  
 Planning and Zoning Department  
 415 Highway 53 East, Suite 100  
 Dawsonville, Georgia 30534  
 Phone: (706)265-3256

**Application for  
 Certificate of Appropriateness**

**Under the City of Dawsonville Historic Preservation Ordinance**

**DESIGNATED PROPERTY**

Parcel #: \_\_\_\_\_ Zoning: \_\_\_\_\_ Acreage: \_\_\_\_\_ COA: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**OWNER**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**PERSON FILING APPLICATION, IF OTHER THAN OWNER**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**BUILDING DATA**

Original Date Built/Constructed or Era: \_\_\_\_\_

<b>ORIGINAL USE</b>		<b>CURRENT USE</b>
____ Single-Family Residential		____ Single-Family Residential
____ Multi-Family Residential		____ Multi-Family Residential
____ Office		____ Office
____ Commercial / Retail		____ Commercial / Retail
____ Industrial		____ Industrial
____ Institutional		____ Institutional
		____ Vacant
<b>TYPE OF WORK</b>		<b>SUBMISSION OF PLANS</b>
____ Exterior Alterations		____ Drawings
____ Demolition		____ Pictures / Photos
____ New Construction		____ Proposed Plans / Documentation
____ Relocation		____ Detailed Letter of Intent

\_\_\_\_ Other: \_\_\_\_\_

**Proposed Starting Date:** \_\_\_\_\_ **Date of Completion:** \_\_\_\_\_

(A Certificate of Appropriateness shall become void unless construction is commenced within six (6) months of the issuance date.)

**FEE SCHEDULE**

<b>COA Fee</b>	<b>\$300.00</b>
<b>Administrative Fee</b>	<b>\$100.00</b>
<b>Public Notice Certified Mail</b>	<b>**per adjacent property owner</b>

*\*\*price is determined by USPS*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

**Date Completed Application Received:** \_\_\_\_\_ **Amount Paid:** \$ \_\_\_\_\_

**Date of HPC Meeting:** \_\_\_\_\_ **Dates Advertised:** \_\_\_\_\_

**Approved by HPC** YES NO **Postponed:** YES NO **DATE:** \_\_\_\_\_



**City of Dawsonville**  
**Planning and Zoning Department**  
 415 Highway 53 East, Suite 100  
 Dawsonville, GA 30534  
 Phone: (706) 203-4923

**Permit**

**Property Owner Authorization**

I / We \_\_\_\_\_ hereby swear that I / we own the property located at (fill in address and/or tax map & parcel #) \_\_\_\_\_

as shown in the tax maps and/or deed records of Dawson County, Georgia, and which parcel will be affected by the request.

I hereby authorize the person(s), or entity(ies) named below to act as the applicant or agent in pursuit of the rezoning requested on this property. I understand that any rezone granted, and/or conditions or stipulations placed on the property will be binding upon the property regardless of ownership. The under signer below is authorized to make this application. The undersigned is aware that no application or reapplication affecting the same land shall be acted upon within 6 months from the date of the last action by the City Council.

Printed Name of Applicant or Agent \_\_\_\_\_

**Signature of Applicant or Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Notary Public, State of Georgia

My Commission Expires: \_\_\_\_\_

Notary Seal



**City of Dawsonville**  
**Planning and Zoning Department**  
415 Highway 53 East, Suite 100  
Dawsonville, GA 30534  
Phone: (706) 203-4923

**Permit**

Application # \_\_\_\_\_ TMP#: \_\_\_\_\_

It is the responsibility of the applicant to provide a list of adjacent property owners. This list must include the name and address of anyone who has property touching your property or who has property directly across the street from your property. (Use additional sheets if necessary)

**\*\*Please note\*\*** This information should be obtained at the Planning Office using the Tax Map Parcel Map listing any parcel(s) adjoining or adjacent to parcel where rezone is being requested.

TMP # \_\_\_\_\_ 1. Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_

TMP # \_\_\_\_\_ 2. Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_

TMP # \_\_\_\_\_ 3. Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_

TMP # \_\_\_\_\_ 4. Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_

TMP # \_\_\_\_\_ 5. Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_

TMP # \_\_\_\_\_ 6. Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_

TMP # \_\_\_\_\_ 7. Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_