



Athens-Clarke County

CONCEPTUAL PRELIMINARY DESIGN REVIEW

Application Packet

The following items are required for a Conceptual Preliminary Design Review submittal to be considered complete. Applications and all information must be received a minimum of 14 days prior to a regularly scheduled Historic Preservation Commission hearing. For a schedule of HPC meeting dates, please visit: <https://www.acgov.com/DocumentCenter/View/311/Historic-Preservation-Commission-Schedule>

FOR ALL SUBMITTALS

- Application
Complete all pages & sign; 1 copy required
- Plan Sets (conceptual drawings and information)
1 full sets required, 10 full sets recommended
- CD or thumb drive
Include all images and written pages digitally. Like items such as application pages, photos, etc. can be grouped into a single file. Emailed digital files will not be accepted.

ACKNOWLEDGE THE FOLLOWING

I understand that this application is not for a Certificate of Appropriateness and that the 45-day action requirement for Certificates of Appropriateness will not apply to this application for Conceptual Preliminary Design Review. Further, I understand that no decision is to be made by the Historic Preservation Commission. I understand that all comments and recommendations from staff and the Historic Preservation Commission received through this review are based on conceptual designs and limited information. I understand that these recommendations and comments are subject to change upon further reflection, additional information, etc. and are non-binding, first-impressions to help me, as applicant, further refine the project prior to making application for approval.

APPLICANT'S SIGNATURE: _____ DATE: _____

Please call the Planning Department if you have questions prior to submitting as incomplete submittals may delay acceptance of a project for review. The Design Guidelines applicable to all designated properties may be found online at www.acgov.com/planning

CONCEPTUAL PRELIMINARY DESIGN REVIEW

PROJECT ADDRESS: _____

For Staff Use:

PLAN #: COA - _____ - _____ - _____

Property Tax ID #: _____

Zoning District: _____

Historic District/Landmark: _____

Proposed Work: Check all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Demolition (<i>Whole or Part</i>) | <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Material Changes
(<i>Windows, Roofing, etc.</i>) |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Signage | |
| <input type="checkbox"/> New Construction (<i>Primary Structure</i>) | <input type="checkbox"/> Site Changes (<i>Fencing, Paving, etc</i>) | |

CONTACT INFORMATION

Applicant/Agent Name: _____

Mailing Address: _____

Phone: _____

E-mail: _____

This information is: Business Personal**OWNER INFORMATION** Same as above

Applicant/Agent Name: _____

Mailing Address: _____

Phone: _____

E-mail: _____

This information is: Business Personal

The Unified Government of Athens-Clarke County is a public entity subject to Georgia's Open Records laws. All submitted applications and associated plans and documents are covered under such laws and may be released to other parties unless they contain information specifically protected by law.

I understand that this application is not for a Certificate of Appropriateness and that the 45-day action requirement for Certificates of Appropriateness will not apply to this application for Conceptual Preliminary Design Review. Further, I understand that no decision is to be made by the Historic Preservation Commission. I understand that all comments and recommendations from staff and the Historic Preservation Commission received through this review are based on conceptual designs and limited information. I understand that these recommendations and comments are subject to change upon further reflection, additional information, etc. and are non-binding, first-impressions to help me, as applicant, further refine the project prior to making application for approval.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR STAFF USE ONLY:

Date Received: _____

Time Received: _____

Date Reviewed: _____

Date(s) of HPC review: _____

Owner To Complete This Section

DECLARATION OF OWNERSHIP

I swear that I am the owner of record of the property located at:

(property address)

which is the subject matter of the attached application. Ownership meaning owning 51% or more of a property. I understand that an application for a Conceptual Preliminary Design Review must be submitted by an individual with 51% or more fee-simple ownership of the subject property, or his legal agent as authorized in writing by the owner. (See below.) Further, I understand that the processing of this application and certification of the project completion, if approved, may require the Planning Department Staff to enter the subject parcel (Entry into structures is not required). I do, hereby, give permission for their admittance.

OWNERS'S SIGNATURE: _____ **DATE:** _____

AUTHORIZATION BY PROPERTY OWNER ASSIGNING OF AGENT

I swear that I am the owner of record of the property located at:

(property address)

which is the subject matter of the attached application. As owner, I authorize the person named below to act as applicant or agent in the pursuit of this Conceptual Preliminary Design Review Application.

Agent Name	
Agent Address	

OWNERS'S SIGNATURE: _____ **DATE:** _____

DESCRIPTION OF PROPOSED WORK

Describe the scope of the proposed work below or on a separate sheet of paper. Include details of the project such as materials, grading changes, etc. that are not clearly noted on the plans submitted. We **MUST** have a written description to consider the application complete.