

Historical Preservation Commission
Application for Certificate of
Appropriateness



City of Senolia
P.O. Box 310
Senolia, GA 30276
(770) 599-3679

Name of Applicant: Kennis & Cathi Kirkland Date: 8-3-20
Applicant's Mailing Address: 386 Pyleat St
Applicant's Telephone Number: 678-416-9217 Fax Number: _____
Property Address: 386 Pyleat St
Tax Parcel I.D. #: _____ Year Original Structure was Built: 1895
Proposed Material Change to the exterior of the structure: Pergola

Commercial and Residential Guidelines are available at www.senolia.com/HPC. Would you like to purchase the Information Booklet on the Historic Neighborhood Overlay District?
(specify: Commercial or Residential)

Required:

1. Blueprints and/or drawings which accurately depict the change(s), including specifications of architectural details, elevations, plans and profiles, to be made to the property;
2. A site plan which locates the proposed improvements on the Property and shows building line setbacks; and
3. Documentation which identifies the type materials to be used, including but not limited to siding, roofing material, windows and doors.

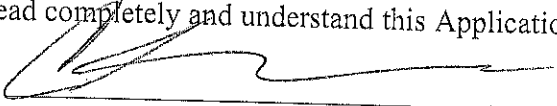
Notes:

1. An application meeting the specifications of the Historic Neighborhood Overlay Ordinance shall be submitted to the City Zoning Administrator fourteen (14) calendar days prior to the regularly scheduled monthly meeting of the Commission (2nd Monday of each month).
2. The application will be reviewed by the City Zoning Administrator to determine if it meets the minimum requirements, if the application does not meet the minimum requirements, the City Zoning Administrator will return it to the applicant for correction. If the Application meets the requirements of the Ordinance, it shall be placed on the agenda for the next regularly-scheduled Commission meeting.
3. The applicant or applicant's designated representative must be present at the Commission meeting and will be given an opportunity to be heard. If applicant or representative is not

- present, the Application will not be considered at the meeting and will be placed on the Commission's next regularly-scheduled meeting agenda (at the request of the Applicant).
4. The Commission may approve the Application as proposed or with any modifications it deems necessary, or deny the application.
 5. If denied, the applicant may appeal to the City Council in accordance with the Historic Neighborhood Overlay Ordinance. The ruling of the Mayor and Council shall be final.
 6. If the Application is approved, all rules and regulations related to the issuance of a building permit shall apply. Under no circumstances does approval of the Application release the applicant from any other permits that may be necessary.
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Personally appeared, _____, who, on oath, states that he or she is the Applicant and Owner of the foregoing, and that all of the statements are true to the best of his or her knowledge, and that the work to be done therein will conform to the requirements and regulations of the City of Senoia Building Codes and other ordinances of the City of Senoia, Georgia. He or she understands that the issuance of a building permit is an authorization to proceed with the proposed work and does not relieve him or her of the above requirements and regulations. Further, he or she is aware that any alterations to the plan will require a new application.

I have read completely and understand this Application.

Signed:  _____

Disposition:

City Zoning Administrator:

Date Reviewed: _____

Meets minimum requirements of the Ordinance: ____ (Yes) ____ (No)

To be heard by the Historic Preservation Commission on: _____

Historic Preservation Commissioner:

Date reviewed: _____

Recommendation made: _____

City Council:

Date reviewed: _____

Action taken: _____

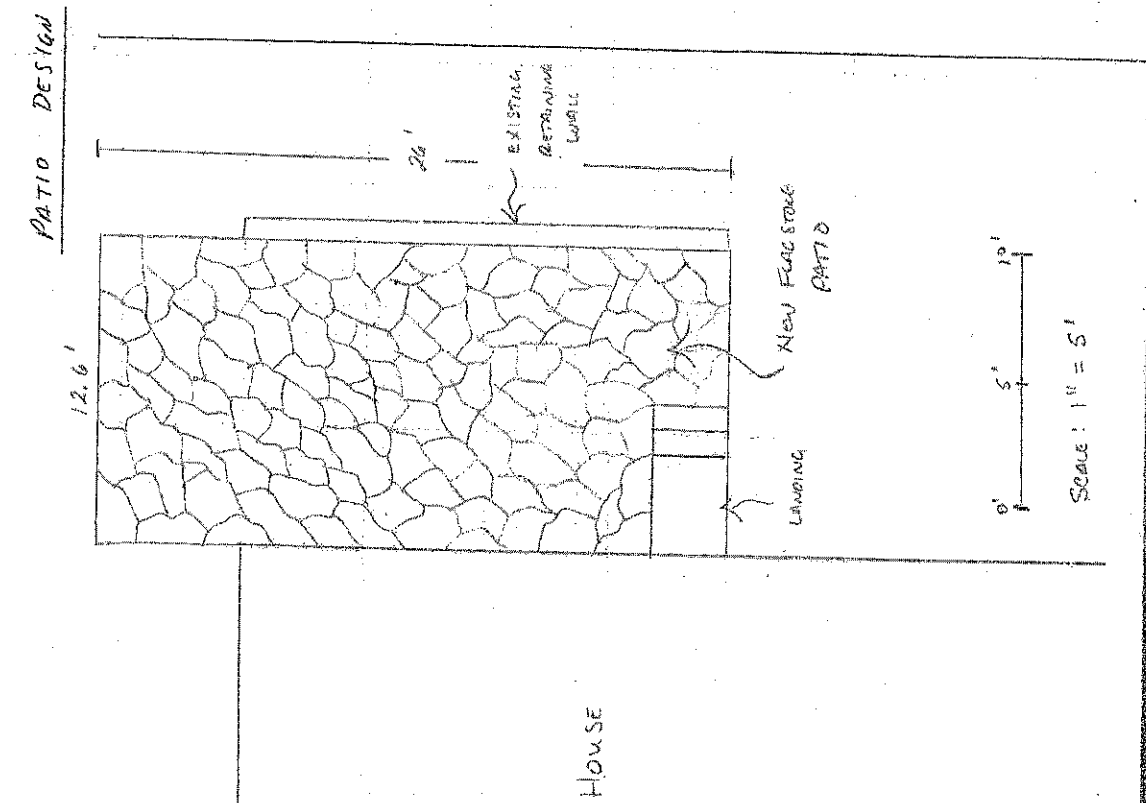
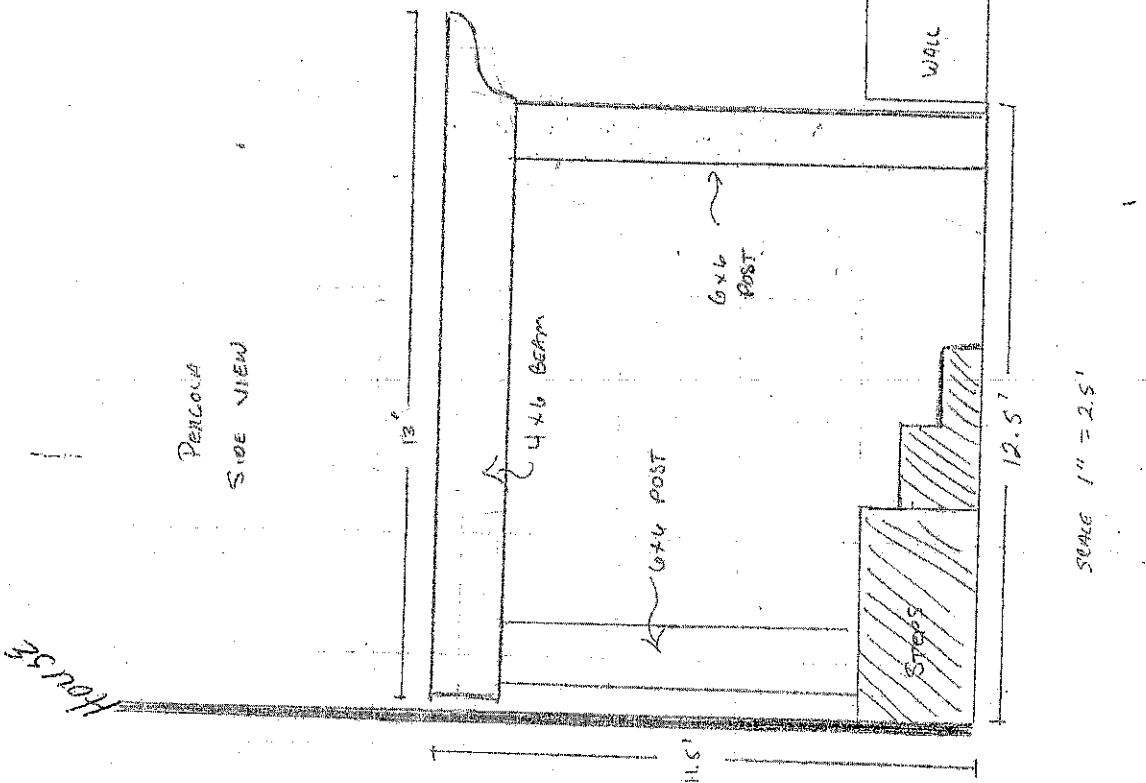
Reference Building Permit Number: _____

PROJECT
 GATHY KILICIRANO
 386 PHANT ST. SAVANNA, GA 30276

DATE:
 7-6-2020

DESIGN BY:

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 Landscaping, Inc.
 3079 GA HWY. 85
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HOUSING