



APPLICATION FOR A CERTIFICATE OF APPROPRIATENESS (COA)

City of Covington- Historic Preservation and Planning
Community Development Department
638 Madison Avenue- Suite 407. Covington, KY 41011
Tel: (859) 292-2171 Fax: (859) 292- 2339 email: bjohnson@covingtonky.gov
www.covingtonky.gov

PROPERTY IMPROVEMENT INFORMATION				
Property Designation	<input type="checkbox"/> Historic Preservation Overlay Zone	<input type="checkbox"/> Individual Landmark	<input type="checkbox"/> KRS Chapter 99 Development Plan	<input type="checkbox"/> Area Protection Overlay Zone
Property Address	Street Address	Covington, KY		Zip Code
Current Use				
Type of Improvement/ Work Description	Describe work proposed below and attach plans (ie. materials, design, placement) For additional room use second page.			
<input type="checkbox"/> Alteration (visible changes to exterior)				
<input type="checkbox"/> Demolition				
<input type="checkbox"/> Relocation				
<input type="checkbox"/> New Construction				
<input type="checkbox"/> New Building, <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Structure				
<input type="checkbox"/> General Maintenance				
<input type="checkbox"/> Re-Roofing, <input type="checkbox"/> Wood Repair, <input type="checkbox"/> Exterior Painting, <input type="checkbox"/> Misc.				
<input type="checkbox"/> Other	Pools, Fencing, Driveways, Landscaping, Interior Work, etc...			

APPLICANT INFORMATION (PLEASE PRINT)	
Applicant is <input type="checkbox"/> owner <input type="checkbox"/> contractor <input type="checkbox"/> architect <input type="checkbox"/> consultant <input type="checkbox"/> other _____	
Owner's Name: _____	Applicant's Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: _____ Cell: _____	Telephone: _____ Cell: _____
Work: _____ Fax: _____	Work: _____ Fax: _____
Email: _____	Email: _____

- I have reviewed the Covington Design Guidelines
- I understand that if this application is retroactive (ie work has been done before a COA has been issued), I will be assessed an application fee per §12.14.02 (D) and §12.14.10 (B) of the Covington Zoning Code. The fees are \$50 for a Staff Only Approval, and \$100 if a UDRB Review is required.
- I or my representative will attend the UDRB meeting
If a representative is not at the UDRB meeting, it is not guaranteed that a decision will be made.
- I am applying for Federal or State Historic Preservation Tax Credits

I HEREBY CERTIFY that I understand this application will not be accepted and processed until all the requested information has been supplied. I also understand this application may require a site visit/additional research by staff and a PUBLIC HEARING by the CITY OF COVINGTON URBAN DESIGN REVIEW BOARD. I hereby certify that I am the owner of this building / property and I will comply with all the applicable laws and codes and make the proposed improvement in accordance with the submitted plans and specifications.

SIGNATURE OF OWNER(S)

DATE

SIGNATURE OF AGENT(S)

DATE

WORK DESCRIPTION

Describe work proposed below and attach plans (ie. materials, design, placement)

***IF APPROVED, THIS CERTIFICATE OF APPROPRIATENESS IS
VALID FOR 6 MONTHS AND MUST REMAIN ON JOB SITE FOR
THE DURATION OF THE WORK***

OFFICE USE ONLY

Date Received:

All required documentation submitted

UDRB Review Required

UDRB Meeting Date: