



CITY OF BUENA VISTA

Certificate of Appropriateness Application

CITY OF BUENA VISTA

Office of Planning and Zoning
 2039 Sycamore Avenue
 Buena Vista VA 24416
 (540) 261-8607

Submission Date: _____

APPLICANT INFORMATION

Name:					
Address:					
City:		State:		Zip:	
Phone & Email:					

PROPERTY OWNER INFORMATION

Name:					
Address:					
City:		State:		Zip:	
Phone:					

ARCHITECT/ENGINEER/SURVEYOR INFORMATION

Name & Firm:					
Address:					
City:		State:		Zip:	
Phone & Email:					

PHYSICAL LOCATION OF PROPERTY

Address:				
If none, describe location:				
Tax Map Number:		Zoning:		

PROPOSAL

Describe proposed activity

APPLICANT SIGNATURE

Printed Name:		Title:	
Signature:		Date:	

APPLICATION RECEIVED (Signature does not imply approval)

Zoning Administrator:		Date:	
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Staff Comments:

Supporting Documentation (as appropriate):

- Site plans
- Site renderings
- Building renderings/elevations
- Materials specifications
- Photographs