

**DANVILLE ARCHITECTURAL HERITAGE BOARD  
APPLICATION FOR CERTIFICATE OF APPROPRIATNESS**

City of Danville Codes Enforcement Office  
445 W. Main St., Danville, KY 40422  
859-936-6840 Email: [blester@danvilleky.gov](mailto:blester@danvilleky.gov)  
Web: <https://www.danvilleky.org/business/dahb>

*\*Completed application must be submitted no later than 10 days prior to the Architectural Heritage Board Meeting on the 3<sup>rd</sup> Wednesday of each month.*

Application Date: \_\_\_\_\_

**Applicant Information**

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Property Owners Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Applicant's Agent/Representative: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

**Section Instructions**

Provide the applicants name, mailing address, telephone, and email address. If contact is other than applicant provide Applicant's Agent information. Provide building Owners name and information. Owner must sign application if other than signage is requested.

**Property Information**

Property Address: \_\_\_\_\_

Project type:     Exterior Structure Alteration     New Construction/Addition  
                   Site alteration/Improvement     Demolition  
                   Sign     Other (specify below)

Project Description: \_\_\_\_\_

**Section Instructions**

Identify property address. Specify project type and provide complete project description.

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**Required Supporting Documentation**

The Applicant must submit applicable documentation listed below with the completed and signed application. Incomplete applications will not be considered by the Danville Architectural Heritage Board.

- **Site plan required for all site alterations including additions, new construction or demolition** showing the lot/tract, building locations, outdoor sales display or storage areas, trash collection areas, parking areas, driveways, loading/unloading areas, sidewalks, open-space and landscaped areas, lighting locations, sign locations, ground mounted equipment areas, topography, drainage and flood plain areas, and another pertinent design elements.
- **Lighting plan required for all new lighting installations including new fixtures.**
- **Building elevations required for all design changes to primary and secondary facades** this includes doors and windows if change of design and materials are requested. Complete list and description of all materials.
- **Completed Sign worksheet for all sign requests.** If new stand-alone signage a site plan is required.
- **Completed Public Art worksheet for all public art projects.**

Note: Full size architectural drawings cannot be scanned and emailed to DAHB board for review. Please limit all drawings to no larger than 8 1/2” by 14”.

**Applicant and Owner Certification**

Please read carefully, initial, and sign below. I(We) do hereby certify that the information provided herein is both complete and accurate to the best of my knowledge, and I understand that any inaccuracies may be considered cause for invalidation of this application and any action taken on this application. I further hereby certify that I am aware of the plans and supporting documentation submitted as part of the application and aware of the required design standards and review process set for in the City of Danville’s Historic Overlay District Design Guidelines. I hereby understand that I have one year from the date of DAHB review to complete all work described or reapplication must be submitted.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Case Number: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Comments/Conditions: \_\_\_\_\_  
\_\_\_\_\_

Administrative Review or DAHB Meeting (Date): \_\_\_\_\_

**Final Action:** \_\_\_\_\_ APPROVE \_\_\_\_\_ APPROVE WITH CONDITIONS \_\_\_\_\_ DISAPPROVE

Chairman/Staff: \_\_\_\_\_ Date: \_\_\_\_\_