

Logansport/Cass County/Walton Plan Dept.
200 Court Park Room 306
Logansport, IN 46947
Ph: 574 753-7775
Fax: 574 753-7401

File Number: _____

**The City Of Logansport
Historic Preservation Commission
CERTIFICATE OF APPROPRIATENESS**

Certificate of Appropriateness is required for any construction, reconstruction, structural alteration, or demolition of any structure, any exterior change in color or materials, major landscaping in or on a Local Historic Designation.

APPLICANT INFORMATION *ALL INFORMATION PROVIDED WILL BECOME PUBLIC RECORD

Applicant's Name: _____

Address: _____

Telephone Number: _____ **Email:** _____

OWNER INFORMATION (if different from applicant information)

Owner's Name: _____

Address: _____

Telephone Number: _____

REPRESENTATIVE INFORMATION (if different from applicant information)

Representative: _____

Address: _____

Telephone Number: _____ **Email:** _____

Zoning Classification of Property: _____ **and is presently used as:** _____

Address or common description of property:

Describe the nature of the project (Attach additional pages if necessary. Site plans, photos, elevations, proposed material examples are required. Additional supporting materials are encouraged):

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant Name: _____ **Date:** _____

Applicant Signature: _____