



## Certificate of Appropriateness Application

Community Development Department, 1200 Main Street, Grandview MO 64030

www.grandview.org      phone: 816-316-4822      fax: 816-316-4809

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address of Property:** \_\_\_\_\_

**Approximate Date of Original Building Construction:** \_\_\_\_\_

**Existing Use of Property:**       Residential       Commercial       Mixed Use

**Proposed Work:** (Check all that apply)

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> New Construction          | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Rehabilitation/Renovation | <input type="checkbox"/> Signage     |
| <input type="checkbox"/> Building Addition         | <input type="checkbox"/> Demolition  |

**Description of Proposed Work** (attach separate sheet and any supplementary materials if necessary):

---

---

---

---

---

**Application must include all required documentation and application fee of \$150 (set by Ordinance #6348).  
Incomplete applications will not be accepted.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_