

CITY OF CRAWFORDSVILLE
HISTORIC PRESERVATION COMMISSION
CERTIFICATE OF APPROPRIATENESS APPLICATION

Property Address: _____

Applicant's Name: _____

Address: _____

_____ Phone: _____

Owner's Name: _____

Address: _____

_____ Phone: _____

Work to be done (attach drawings or pictures, as needed):

Did you meet with the Commission Staff? Yes _____ No _____

Please return this completed form and documentation to:

Planning and Community Development
City Building
300 E. Pike St.
Crawfordsville, IN 47933