



Historic Preservation HCOA Appeal Application

Last Revised: 12/11/2015

Date: _____

PROPERTY DATA

Address of Property: _____

Name of Owner(s): _____
Print Sign

APPELLANT DATA (if different from above)

Name of Appellant(s): _____
Print Sign

HCOA DATA

HCOA Permit Number: _____

Historic Preservation HCOA Staff Decision being appealed:

Please specify the grounds for your appeal:

OFFICE USE ONLY

Date Filed: _____ Appeal Project Number: _____