

CITY OF MADISONVILLE, KENTUCKY HISTORIC DISTRICT COMMISSION



c/o CITY ZONING ADMINISTRATOR

77 North Main Street, Madisonville, KY 42431
Phone (270) 824-2108 / Fax (270) 824-2168
Email: dtodd@madisonvillegov.com

APPLICATION # _____

The Madisonville Historic Commission usually meets on the second Tuesday of every month on an "as called for basis" in the City Municipal Building located at, 77 North Main Street, at 3:00 p.m. Applications should be submitted 7 days prior to a scheduled meeting. Refer to the Design Standards for information on appropriate work. Design Standards are available from the Zoning & Permits Office and online at www.madisonvilleliving.com (Zoning & Permits).

PROJECT ADDRESS _____
BUSINESS NAME _____

APPLICANT

NAME _____
STREET ADDRESS _____
CITY/STATE/ZIP _____
CONTACT INFO PHONE # _____ CELL # _____ EMAIL _____

PROPERTY OWNER

NAME _____
STREET ADDRESS _____
CITY/STATE/ZIP _____
CONTACT INFO PHONE # _____ CELL # _____ EMAIL _____

CONTRACTOR

NAME _____
STREET ADDRESS _____
CITY/STATE/ZIP _____
CONTACT INFO PHONE # _____ CELL # _____ EMAIL _____

APPLICATION IS FOR: (check all that apply)
 SIGN (Provide dimensions, type/materials to be used, location on building/lot, and drawing or photo)
 EXTERIOR REHABILITATION NEW CONSTRUCTION
 DEMOLITION OTHER _____

DESCRIBE PROJECT IN DETAIL (USE ADDITIONAL SHEETS AS NECESSARY) _____ ESTIMATED COST _____

ESTIMATED START DATE _____ ESTIMATED END DATE _____

Attach additional information to completely describe the proposed work. Elevations, site plans, architectural renderings, specifications, photos, material samples, or other drawings may be required. **Applications shall include a photo of the building/lot to be altered any signage (preferably superimposed on the building to scale), and a photo(s) of properties contiguous to the project address that front on the same street.**

I hereby certify that this information is true and correct. I will comply with all applicable laws, ordinances and codes and make the proposed changes only in accordance with the submitted plans and specifications.

Property Owner's Signature (Required)

Date

Applicant's Signature (Required)

Date

HISTORIC DISTRICT COMMISSION ONLY			
APPLICATION RECEIVED _____	MEETING DATE _____	PVA # _____	
APPROVED _____	DATE EXPIRES _____	DENIED _____	ZONING CLASS _____
COMMENTS _____			

