

www.lexingtonva.gov

**Planning & Development Department**  
300 East Washington Street  
Lexington, Virginia 24450  
Phone: (540) 462-3704 Fax: (540) 463-5310

## APPLICATION FOR CERTIFICATE OF APPROPRIATENESS – HISTORIC DISTRICT

### Applicant<sup>1</sup>

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Property Owner

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Architect/Designer

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

### Administration

Application is hereby made to the Lexington Architectural Review Board for a Certificate of Appropriateness (COA) to make repairs, alterations, or improvements in the Historic District in accordance with Chapter 28, Article XVII and Article XVIII of the Lexington City Code.

This document shall constitute a valid COA upon its completion and execution by the Chairperson or Acting Chairperson of the Architectural Review Board. The recipient of a COA is responsible for obtaining any and all other certificates and permits required by the Code of the City of Lexington through the Office of the Planning and Development Administrator.

- 1. Prior to submitting an application, the applicant is required to meet with staff for a pre-application meeting.*

## Proposal Information<sup>2</sup> (attach list of properties if request includes multiple properties)

Address (or location description): \_\_\_\_\_

Tax Map: \_\_\_\_\_ Deed Book and Page #: \_\_\_\_\_

Acreage: \_\_\_\_\_ Zoning (attach any existing conditions or proffers): \_\_\_\_\_

Property Doing Business As: \_\_\_\_\_

Historical Name of Building: \_\_\_\_\_

Approximate Age of Building: \_\_\_\_\_ Applicant seeking Federal Tax Credit: ☐ Yes ☐ No

**2. Any application deemed incomplete by staff will not be accepted.**

## Alteration Description (complete a City Sign Permit Application for sign alterations)

I. Please check action(s) for which this COA is requested:

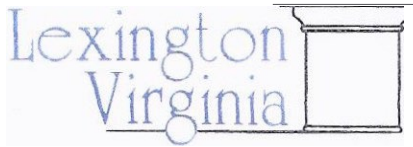
- ☐ Remodeling or renovation of the exterior of a building
- ☐ Total restoration of the exterior of a building
- ☐ Removal of any architectural element
- ☐ Painting of any building exterior
- ☐ Cleaning of wall surfaces or architectural elements
- ☐ Repair of all surfaces or architectural elements
- ☐ Any removal, alternation, repair, or construction of amenities such as fences or walls
- ☐ Demolition of part or all of an existing building
- ☐ Moving a building (complete Part III)
- ☐ Construction of a new building (complete Part III)
- ☐ Construction of any addition to an existing building (complete Part III)

II. For **ALL** projects, please attach the following:

- ☐ Photographs or drawings from the site showing adjoining structures, streets, and sidewalks
- ☐ Scale drawings of the improvements
- ☐ Detailed drawings of significant decorative or architectural elements
- ☐ Indication of exterior lighting adequate to determine its character and impact on the public and adjoining properties
- ☐ Samples of exterior materials and paint colors to be used

III. For **NEW CONSTRUCTION**, please provide the above attachments in addition to the following:

- ☐ Dimensions, orientation, and acreage of each lot or plot to be built upon
- ☐ Layout of the project and its relation to surrounding structures
- ☐ Location of points of entry and exit for motor vehicles and internal vehicular circulation pattern and parking facilities
- ☐ The size, shape, and location of existing and proposed construction on the parcel
- ☐ Location of walls, fences, and railings, and the indication of their height and the materials of their construction



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**THIS SECTION TO BE COMPLETED BY STAFF ONLY**

**Application Fee: \$120 – Sign Permit Application Fee: \$60** Amount Paid: \_\_\_\_\_

Case Number: HD COA- \_\_\_\_\_ - \_\_\_\_\_

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

**Staff Review**

- ☐ Applicant's project would meet all district requirements.  
☐ Applicant fails to meet the district requirements.

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Planning and Development Director

\_\_\_\_\_  
Date

**Action by Architectural Review Board**

- ☐ Approved  
☐ Denied

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chairperson, Architectural Review Board

\_\_\_\_\_  
Date