Application for Certificate of Appropriateness

City of Wauchula 126 S. 7th Avenue Wauchula, FL 33873 Ph: (863) 773-9193 Fax: (863) 773-0436 Page 1 of 2

1. Address of property where	work is to be perf	ormed: _						
2. Applicant's Name:								
Address:								
City:	St:		_ Zip Code:					
Work Phone:		Home Phone:						
E-mail:								
Owner's Name:								
Address:								
City:								
Work Phone:		Home Phone:						
3. The present use of the prope	erty:							
4. Description of work to be do	one (use additional	sheets if	necessary):					
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5. Zoning: <u>HC-1</u>	Setbacks:	Front _	0	Side	0	_ Rear _	30
6. Documentation Submitted:		Site Plan Photograph Building Pl	ans/Ele				
		Samples/Sv Drawings/S Other					
Signature of the Applicant			-		Da	ate	
Signature of Owner or Office	cer of Com	npany	-		— Da	ate	