



**Opelousas, Louisiana
Historic District**

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

New Construction _____ Rehabilitation _____ Demolition _____
Sign _____ Relocation _____

Application is hereby made for a Certificate of Appropriateness (COA) and is made subject to the Opelousas Historic District Ordinance, other local ordinances, and state laws which are presently in force or that may be enacted affecting or regulating thereto. The undersigned applicant agrees to these requirements which are a necessary condition for approval of this certificate.

Name of Property Owner _____

Street Address of Owner _____

City/State/Zip _____

Phone _____ E-mail: _____

Address of Property to be Altered _____

(If Applicable)

Name of Business _____

Address of Business _____

Represented by _____

(Representative should have the authority to commit applicant to make changes that may be suggested or required by OHDC.)

Address of Representative _____

Are there any other applications relevant to this property and/or the requested modifications pending or contemplated by any other regulations or administrative agency?

No _____ Yes _____ If yes, describe below:

Description of proposal:

PLEASE ATTACH PHOTOS OF PRESENT BUILDING AND STREETSCAPES AS WELL AS DRAWINGS OF PROPOSED CHANGES OR NEW CONSTRUCTION.

- Also include the following, if applicable:
Site plan
Sketch, drawing, elevation
Photographs or slides showing property in question—street view

YOUR APPLICATION WILL NOT BE COMPLETE WITHOUT THIS INFORMATION.

Specify all materials and colors used in each exterior modification, to include but not limited to: foundation, walls, doors, windows, trim, gutters/downspouts, roofing, signs, lighting, sidewalk, fencing and others as applicable. Include samples of materials and color charts.

Architect/Engineer _____

Contractor _____

Estimated value of project \$_____

Applicant: Have you read the Historic District Ordinance guidelines for your project?

Yes _____ No _____

Signature of Owner, Applicant or Representative _____

Date _____



TO BE COMPLETED BY STAFF ONLY:

Applicant _____

Address of Property _____

Received By _____ Date _____

Forwarded to OHDC on _____ By _____

Action Taken

Date _____
