

# APPLICATION FOR CERTIFICATE OF APPROPRIATENESS (COA) City of Texarkana, Arkansas

This application must be **typed or printed in black ink** and submitted to: **HISTORIC DISTRICT COMMISSION**

<b>Mailing Address:</b> PO BOX 2711 TEXARKANA AR 75504-2711	<b>Phone:</b> (870) 779-4971 <b>Fax:</b> (870) 773-2395 <b>Website:</b> <a href="http://www.txkusa.org/ar">www.txkusa.org/ar</a>	<b>Physical Address:</b> 216 WALNUT ST TEXARKANA AR 71854-6024
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DATE RECEIVED: \_\_\_\_\_ LOGIN #: \_\_\_\_\_

<b>PROPERTY IMPROVEMENT INFORMATION</b>	
<b>Street Address:</b>	
<b>Historic Name:</b>	
<b>Legal Description:</b>	
<b>TYPE OF IMPROVEMENT</b>	
<input type="checkbox"/> Alteration (Visible changes to exterior)	Describe work proposed below and <u>attach plans</u> (i.e., architectural drawings, sketches, photographs, & materials, etc.)
<input type="checkbox"/> Demolition	
<input type="checkbox"/> Relocation	
<input type="checkbox"/> New Construction <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Structure	
<input type="checkbox"/> General Maintenance <input type="checkbox"/> Re-Roofing <input type="checkbox"/> Wood Repair <input type="checkbox"/> Exterior Painting <input type="checkbox"/> Miscellaneous	
<input type="checkbox"/> Other <input type="checkbox"/> Pools <input type="checkbox"/> Fencing <input type="checkbox"/> Driveways <input type="checkbox"/> Landscaping <input type="checkbox"/> Interior Work <input type="checkbox"/> Miscellaneous	

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

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

APPLICANT INFORMATION (PLEASE PRINT)				
Name:				
Email				
Mailing Address:				
Telephone:				
Cell:		Fax Number:		
Email Address:				
Status:	<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Architect	<input type="checkbox"/> Other

Request/Fee (*nonrefundable*):

Project Cost: .....  \$100.00

Sign fee.....  \$ 50.00

**I HEREBY CERTIFY** that this information is correct to the best of my knowledge and that said work will be done in conformance with all submissions herein set forth, and in compliance with the City of Texarkana, Arkansas' Historic Overlay District Ordinance (Ordinance No. L-237) and adopted Building Codes.

**I HEREBY CERTIFY** that I understand this application will not be accepted and processed until all the requested information has been supplied. I also understand this application may require a site visit/additional research by staff and a Public Hearing by the Arkansas Historic Preservation Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name

**If Your Application Is Approved, You Will Need Additional Permits.** Contact the Chief Building Official's Office at 870-779-4971 or [nina.walker@txkusa.org](mailto:nina.walker@txkusa.org).

**AFFIDAVIT OF OWNER'S PERMISSION**

(If the Applicant is NOT the owner of the property)

**I/We, the Undersigned authority, do hereby grant permission to:**

To act on my/our behalf for the purpose of obtaining a Certificate of Appropriateness on the following described property:

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

Signature: \_\_\_\_\_

\_\_\_\_\_  
Print or Type Name

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

\_\_\_\_\_

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

**STATE OF ARKANSAS**

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§  
§

**COUNTY OF MILLER**

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, known to me to be the person(s) whose name(s) is subscribed to the within instrument and acknowledge that \_\_\_\_\_ executed the same.

**IN WITNESS WHEREOF**, I hereto set my hand and official seal.

**SEAL:**

\_\_\_\_\_  
Notary Public, State of Arkansas

My Commission Expires: \_\_\_\_\_