

<b>1. PROPERTY INFORMATION</b>		
Project Address/Location: _____ Will you be applying for rehabilitation tax credits for this project: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relevant applications pending approval from MPC, Zoning Board, City Council or other government agency: _____		
<b>2. CASE TYPE</b>		
<input type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> Exception of Economic Non-Viability (as applicable)	<input type="checkbox"/> Other
<input type="checkbox"/> Certificate of Demolition	<input type="checkbox"/> Determination of No Material Effect	
<b>3. HISTORIC DISTRICT</b>		
<input type="checkbox"/> Fairfield Historic District	<input type="checkbox"/> Shreveport Commercial Historic District	<input type="checkbox"/> Historic Property / Landmark Name (if applicable)
<input type="checkbox"/> Highland Historic District	<input type="checkbox"/> Texas Avenue Historic District	
<input type="checkbox"/> South Highland Historic District	<input type="checkbox"/> St. Paul's Bottoms Historic District	
<b>4. WORK BEING PERFORMED</b>		
<input type="checkbox"/> Addition (to an Existing Structure)	<input type="checkbox"/> Demolition	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Alteration/Repair	<input type="checkbox"/> New Construction	
<input type="checkbox"/> Construction of a Fence / Wall	<input type="checkbox"/> Renovation	
<b>5. PROJECT DESCRIPTION</b>		
<i>(General nature of action for which certificate is sought (attach additional 8½ x 11 pages as necessary))</i>		

## 6. CONTACT INFORMATION

If property owner designates an agent as the coordinator for the project, this person (the applicant) shall attend all necessary meetings and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required. **All contact for this project will be made through the applicant listed below.**

**NAME, ADDRESS, AND SIGNATURE OF ALL PROPERTY OWNERS:** ALL property owners must sign. All **property owners** must sign unless one person has the power of attorney to sign for others and that power of attorney is submitted with the application. A managing partner in a corporation may sign and submit written authorization. **If in business name or corporation, list all persons owning 6% or more. Attach separate sheet if necessary.**

### Applicant Contact Information

Check if Primary Contact

Name: \_\_\_\_\_ Company (if applicable): \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (street, city, state, zip): \_\_\_\_\_

### Current Property Owner Contact Information

Check if Primary Contact

Name: \_\_\_\_\_ Company: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (street, city, state, zip): \_\_\_\_\_

Designee Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Certification of Applicant and Current Property Owner

I hereby certify that I have read and examined this application and know the same to be true and correct. I understand that consideration of this application is based upon the correctness of the information I have supplied and that any permit(s) granted may be revoked upon a finding by the Metropolitan Planning Commission (MPC), Historic Preservation Commission, and/or City of Shreveport that any relevant information supplied on or with this application is substantially incorrect. I further understand that only complete applications, including all required exhibits, are considered by the MPC, and that applications, including all required exhibits and fees, must be received in the Office of the MPC and certified as complete no less than seven (7) days prior to the next scheduled Historical Preservation Commission meeting in order to be placed on the agenda.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_