Application for Certificate of Appropriateness
Pine Bluff Historic District Commission
200 E. 8th Avenue
Pine Bluff, Arkansas 71601

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS
FOR MODIFICATION OR DEVELOPMENT OF HISTORIC PROPERTY
LOCATED WITHIN A DESIGNATED HISTORIC DISTRICT

Building Address

Historic Name of Building (if any)

Owner’s Name

Address

Phone No.

Applicant’s Name

Address

Phone No.

Architect/Designer’s Name

Address

Phone No.

Contractor’s Name

Address

Phone No.

PLEASE INDICATE THE TYPE(S) OF WORK PLANNED:

REPAIRS

REHABILITATION

ADDITION

NEW CONSTRUCTION

DEMOLITION

VARIANCE

OTHER:

PLEASE INDICATE TYPE OF STRUCTURE

NEW BUILDING

EXISTING BUILDING

a. Built in the year

FENCE OR WALL

SIGN

TERRACE, DECK, WALK, DRIVEWAY, OR PARKING LOT

OTHER, PLEASE DESCRIBE
Please describe the work to be performed in detail. List each proposed exterior alteration to the building or property (use additional pages if necessary):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Describe how any proposed changes to an existing structure will be in character with the architectural or historical aspect of the structure or site:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Has the owner applied for or received any historic preservation grants or loans to assist with this project? 

If yes, please briefly describe: ________________________________________________

__________________________________________________________________________

Do you request of the Pine Bluff Historic District Commission any variances on this project? 

If yes, please describe and state justification: ____________________________________

__________________________________________________________________________

ATTACHMENT CHECK LIST:

The following information is required to be attached to this application, unless waived by the Pine Bluff Historic District Commission:

__________ Photo(s) (3-1/2” x 5” or larger)

__________ Site Plan

__________ Elevations

__________ Material sample(s) and/or specifications

__________ Floor plans (only for new construction or additions)
COMMISSION MEETINGS AND FILING DEADLINES

The Pine Bluff Historic District Commission meets regularly each month in the City of Pine Bluff’s Mayor’s conference room on the second floor of City Hall at 200 E. 8th Avenue. Meeting times and dates are available from the Pine Bluff Inspection & Zoning Department.

Notification of intent to file and application must be received in writing by the Historic District Commission at least twenty (20) days in advance of a meeting to allow time for notification as required by the City of Pine Bluff. Completed applications must be submitted to the Inspection & Zoning Department for review by the Historic District Commission at seven (7) days in advance of the meeting. The Pine Bluff Historic District Commission will act on completed applications only.

The Applicant or his/her representative must attend the meeting and present his/her proposal to the Historic District Commission.

APPEAL OF DECISIONS

Decisions of the Historic District Commission may be appealed to the Jefferson County Circuit Court and written notice of intent to appeal must be given to the Pine Bluff Historic District Commission, City Hall, 200 East 8th Avenue, Pine Bluff, AR 71601, within thirty (30) days of the decision. If there is no appeal, or court action, the decision of the Historic District Commission shall be final.

I/We, as owner(s) of __________________________ (Street Address or Lot/Block/Subdivision) do hereby authorize the filing of this application on my behalf.

__________________________________________  ____________________________________________  _______________________
(Printed Name)  (Signature)  (Date)

Commission Action
(For Office Use Only)

Certificate of Appropriateness  Address:____________________________________________

___________ Approved    ___________ Denied

Approved with Conditions as noted: _______________________________________________________

Comments: __________________________________________________________________________

Verified by: ___________________________  Date: ___________________________