

Application For A
CERTIFICATE OF APPROPRIATENESS
Longview Historic Preservation Commission
Longview, Washington

City of Longview

NOV 17 2016

Community Development

Application No. _____

Date _____

Instructions: Print neatly or type. Submit by the 2nd Monday of the month in order to be considered at the regular meeting on the 4th Monday of that month. Insufficient documentation and incomplete applications will be returned or placed on hold. **Please be aware that the issuance of Building Permits is dependant on obtaining a Certificate of Appropriateness.**

Application is hereby made for issuance of a Certificate of Appropriateness (under Longview Ordinance 16.12.060 (1) & (3) for work as described below, and on plans, drawings, photographs, and descriptive material (attached) :

Address of Proposed Work ~~1400 Olympia Way~~ 1639 21st Ave

Name of Building or Site Graff House

Owner of Building or Site Doris Disbrow Phone 575-8586

Home Address 1639 21st Ave, Longview

Name(s) & Address of Agent _____

Phone _____

Name & Address of Architect or Designer _____

Phone _____

Name & Address of Builder or Contractor Neil Rohl Rohl Roofing

7310 Willow Grove Rd, Longview Phone 360-751-0090

Approximate date of Starting Work Dec 22, 2016 Completion Dec 23, 2016

weather dependent

Information required for processing of application:

- _____ 1. Plot Plan and /or floor plan
- _____ 2. Two sets of plans and or drawings to scale, of all elevations on all sides affected. Drawings submitted must look professional or be of high quality and detail if applicable to the project, or for structural or substantial alterations.
- ✓ 3. Clear photographs of existing structure or property and listed features.
- ✓ 4. Samples of material and color (roofing) siding, windows, etc...)
- _____ 5. Required permits from Community Development and/or Public Works Departments:

Circle (Building) (Plumbing) (Electrical) (Mechanical) (Demolition) (Windows, Siding) (R-O-W)

DESCRIPTION OF WORK (check appropriate categories):

| | | | | | | | |
|--------------------------|----------------------|-------------------------------------|------------|--------------------------|--------------|-------------------------------------|----------|
| <input type="checkbox"/> | Historic Restoration | <input checked="" type="checkbox"/> | Dwelling | <input type="checkbox"/> | Siding | <input type="checkbox"/> | Fence |
| <input type="checkbox"/> | Renovation | <input type="checkbox"/> | Commercial | <input type="checkbox"/> | Porch | <input type="checkbox"/> | Wall |
| <input type="checkbox"/> | New Construction | <input type="checkbox"/> | Garage | <input type="checkbox"/> | Parking | <input type="checkbox"/> | Steps |
| <input type="checkbox"/> | Demolition | <input type="checkbox"/> | Addition | <input type="checkbox"/> | Walks | <input type="checkbox"/> | Signs |
| <input type="checkbox"/> | Foundation | <input type="checkbox"/> | Awnings | <input type="checkbox"/> | Windows | <input checked="" type="checkbox"/> | Roof |
| <input type="checkbox"/> | Chimney | <input type="checkbox"/> | Skylights | <input type="checkbox"/> | Color Change | <input type="checkbox"/> | Painting |

Itemize and describe all categories of proposed work. Include size, style, material and color: Provide information on the exact products that will be used: (product brochures, specifications, etc.) to assist the Commission in their review. Approved product choices will be stamped, and verified on final inspection.

*****Please attach or submit additional pages as necessary*****

Existing roof (not historical) will be removed. it will be replaced with Pabco Premier Architectural Laminated Fiberglass Shingles. 20-years Scotchgard, 40 year Limited Warranty. Harvest Brown color.

Leak damage of ceiling in south bedroom (not historical) will be repaired as it currently is (wall board)

IMPORTANT:

No work may differ from approved Certificate of Appropriateness.

Any proposed Changes must be Reviewed and Approved by the Commission as an addendum to the Certificate of Appropriateness.

Certificate of Appropriateness is valid for 12 months from date of issuance.

Certificate may be renewed at discretion of the Historic District Commission.

Do you intend to apply for Special Property Tax Valuation for Historic Property Renovation? yes

Signature of Owner(s) of Record

x Doris D. Ashbrow

x _____

Signature of Applicant(s)

x Doris D. Ashbrow

x _____

Signature of Agent (s)

x _____

x _____