

**TALLADEGA HISTORIC PRESERVATION  
COMMISSION**

P.O. Box 498, Talladega, AL 35161  
256-362-8186, Fax 256-362-2999

**APPLICATION FOR  
CERTIFICATE OF APPROPRIATENESS**

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

Historic District: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Contractor:

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

Phone No.: \_\_\_\_\_

Description of work to be done: (attached drawings, photographs, material samples, etc.)

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

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with the City Ordinance regulating all building, sign, and demolition permits within designated historic districts:

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