



Ebey's Landing National Historical Reserve Certificate of Appropriateness Application

REVIEWED TO THE EBHEY'S LANDING HISTORICAL RESERVE DESIGN GUIDELINES BY ISLAND COUNTY (Island County Code 17.04A) AND THE TOWN OF COUPEVILLE (Coupeville Town Code Chapter 16.13) IN COOPERATION WITH THE TRUST BOARD OF EBHEY'S LANDING NATIONAL HISTORICAL RESERVE AND THE HISTORIC PRESERVATION COMMISSION

I, the undersigned, do hereby respectfully make application for your review of my request concerning the property described below:

- Applicant(s) (main contact person):** *Agent for owner must complete the authorization on page 4*

Address: _____

Phone: _____ **E-mail:** _____

- Property Owner(s):**

Address: _____

Phone: _____ **E-mail:** _____

- Address of Subject Property:**

- Assessor's Parcel Number:**

- Zone:** _____

Present Use of Property (check all that apply):

Residential		Agricultural		Other	
Commercial		Institutional			

DESCRIPTION OF PROPOSED WORK:

Note: Please refer to the checklist on page 3 of this application for required submittal materials

Existing & Proposed Materials:

Doors: *(existing)* _____ *(proposed)* _____

Windows: _____

Deck/Railing: _____

Stairs/Ramp: _____

Siding: _____

Roofing: _____

Fence: _____

Does the proposed project involve a Historic Building? Yes No

Is the property within 100 feet of a historic building? Yes No

Is there a Conservation Easement on the property? Yes No

If yes, please include easement information with application packet

Applicant's Acknowledgment

I am familiar with the Ebey's Reserve Design Guidelines as they pertain to my project. I certify by my signature below that the information in this application is accurate and complete. Planning staff has permission to copy materials, including architectural drawings, necessary for the review of my application.

_____ Date _____

Applicant's Signature

Typically, applications require the following information

For projects that are not complex, feel free to ask if the standard submittal requirements are necessary.

- Clear color photographs of the building, overall site, nearby structures, and any adjacent properties.
- A complete description of the intended work.
- A scaled site plan depicting existing and proposed structures and improvements; including significant trees, tree planting, vegetative buffering, and landscaping. Include driveways and nearby roads for context and an “N” (north) arrow.
- Scaled design elevations of new structures or improvements, alterations, and additions. (Show both existing and proposed).
- Samples of construction materials (when requested). For historic buildings, submit new material samples for comparison with the existing or the original building materials.
- Any supplemental information deemed necessary and requested by the County or Town for review of the application (this usually relates to complex or large-scale projects.)
- Agent Authorization Form (page 4 if needed)
- Applicable Planning & Review Fees
 - *Level A applications; please provide original signed application and 1 copy*
 - *Level B applications; please provide original plus 3 copies*
 - *Level C applications; please provide original plus color 11 copies*

FOR STAFF USE ONLY	
Review Authority - based upon the application description and project location within the Reserve	
Staff:	_____ Level A
Reserve Committee:	_____ Level B
Historic Reserve Commission	_____ Level C
HPC Recommendation	_____ Level D
Land Use	_____ Construction _____

ADDITIONAL NOTES:

Agent Authorization Form

I, _____, the owner(s) of the subject property, understand that by completing this form I hereby authorize _____ to act as my agent. I understand that said agent will be authorized to submit applications on my behalf. I also understand that once an application has been submitted that all future correspondence will be directed to said agent.

1) _____
Property Owner Name(s) (print)

Signature(s)

2) _____
Property Owner Name(s) (print)

Signature(s)

Date

State of Washington)
County of _____)

I certify that I know or have satisfactory evidence that _____ signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument.

Dated _____

Signature of
Notary Public _____

Printed Name _____

Residing at _____

My appointment expires _____

1) _____
Property Owner Name(s) (print)

Signature(s)

2) _____
Property Owner Name(s) (print)

Signature(s)

Date

State of Washington)
County of _____)

I certify that I know or have satisfactory evidence that _____ signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument.

Dated _____

Signature of
Notary Public _____

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My appointment expires _____