

# TOWN OF SMYRNA HISTORIC ZONING COMMISSION



## 1. Applicant Information:

Applicant Name:	
Address:	Phone Number:

## 2. Site Location:

Address:				
Tax Map:	Group:	Parcel:	Zoning:	
Current Use:				
PLEASE CHECK <input checked="" type="checkbox"/> THE PROPOSED ACTION				
Alteration	Addition	Demolition	New Construction	Exterior Repairs/Maintenance: No Change in Exterior Appearance

## 3. Please attach additional sheets/exhibits that sufficiently address the following:

- Written description of the property/structure including architectural style, condition of structure, date of construction/history if known and any other relevant information that will help assist the Commission in making its decision.
- Written description of the action proposed for the property.
- Detailed site plan (drawn to scale)
- Architectural elevations.
- Photograph(s) of the site.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Signature*

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For Official Use Only

Received by: \_\_\_\_\_

Application Fee: \_\_\_\_\_

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