APPLICATION FOR A
CERTIFICATE OF APPROPRIATENESS
BEAUMONT, TEXAS
(Chapter 30, City Codes)
(409) 880-3764 Fax: (409) 880-3133

FILE #:
DATE REC'D:

(PLEASE TYPE OR PRINT)
PROPERTY ADDRESS

OWNER'S NAME

ADDRESS OF OWNER

APPLICANT'S NAME (IF NOT OWNER)
APPLICANT'S PHONE NUMBER _____ FAX NUMBER

LEGAL DESCRIPTION: LOT NO. _____ OR TRACT
BLOCK NO. _____ PLAT
ADDITION _____ SURVEY

REASON FOR REQUEST OF A CERTIFICATE OF APPROPRIATENESS:

_____

HAS REQUEST BEEN MADE BEFORE (Y/N) _____ IF YES, DATE:

TYPE OF REQUEST: PAINT _____ FENCING _____ DEMOLITION

MISC.

SIGNATURE OF APPLICANT/OWNER: _____ DATE

APPROVED: YES _____ NO

_____
PLANNING MANAGER DATE

_____
HISTORIC LANDMARK COMMISSION DATE

COMMENTS: