

CITY OF CORSICANA

HERITAGE PRESERVATION COMMISSION

Application for Historic Resource Project Tax Reduction
(Individual properties)

HPT Case No: _____ Date Filed: _____

Applicant: _____

Mailing Address: _____ Phone: _____

Agent (if applicable): _____

Mailing Address: _____ Phone: _____

Historic Resource Name and Address: _____

HPR Case No: _____ Certificate of Appropriateness No: _____

Brief Description of Project: _____

Cost of Project (attach receipts or estimates) \$ _____

The undersigned has read the above application and does hereby certify that all information contained therein is true and correct. I further certify that I have been informed of the time and date that the Heritage Commission will consider this request.

Signed (property owner or agent): _____ Date: _____

Commission Action:

Heritage Commission Chairman

Signed: _____ Approval

Signed: _____ Denial

Project Inspection

I understand that HPT#_____ described on the attached application must be inspected by Planning Staff to determine whether the project conformed to the Certificate of Appropriateness and/or the project proposal, which was submitted to the Heritage Commission. Furthermore, I understand that I must arrange to have the project inspected on a weekday between the hours of 8:00AM and 5:00PM within two weeks from the date the application was filed.

The undersigned has read the above statement and does hereby give consent to the project inspection.

Signed:_____ Date:_____

Inspected by:_____ Date:_____

Did the project conform to the Certificate of Appropriateness and/or project proposal?

YES NO
(Please circle one)

Staff Comment: (if needed)