

# H-2, Historic Neighborhood Overlay District

## Submittal Requirements Checklist

The following must be submitted for **all** applications:

- A *completed* application form and checklist. Applications will be deemed incomplete without owner signature.
- A brief project description of work including how the proposed architectural or site alterations are consistent with the ARB Guidelines for the subject Historic District. If historic materials are being replaced rather than repaired, please provide justifications.
- Photographs showing the current conditions of the specific project site.

For **windows, doors, roofs and porches**, the following must be submitted:

- Scaled elevation drawings showing proposed alteration. If proposing to return building to an earlier appearance, please provide supporting documentation for the request (i.e. historic photograph).
- Photograph, sample or catalog picture of proposed building material.

For **walls and fences**, the following must be submitted:

- Site plan showing the proposed location of the fence.
- Photograph or elevation drawing of fence design.
- Sample, photograph or catalog picture of proposed material.

For **new construction**, the following must be submitted:

- Site plan, including property lines, roadways, footprint of buildings and structures, paving etc.
- Scaled elevation drawings of all sides of proposed building/addition.
- Samples, photographs or catalog pictures of building materials.

For **parking/paving**, the following must be submitted:

- Site plan showing proposed location of new paving surface.
- Photograph, sample or catalog picture of proposed building material.

For **signs**, the following must be submitted:

- Freestanding: A site plan showing the proposed location of the sign
- Building Mounted: Photograph or scaled drawing of elevation on which the proposed sign will be located.
- Photograph or scaled drawing of the proposed sign, identifying materials, color, lettering (size and style), and wordage.
- Specifications of sign brackets, mounting hardware and lighting, if applicable.

For **demolition**, the following must be submitted:

- Justification for demolition, including structural evaluation and cost estimates for rehabilitation.

For **other items**, please refer to a like category.

*\*Note: If applying by e-mail please include the above items as an attachment.*

Department of Planning Building and Development  
Room 170, Noel C. Taylor Municipal Building  
215 Church Avenue, S.W.  
Roanoke, Virginia 24011  
Phone: (540) 853-1730

ARB Agent  
Parviz Moosavi, Historic Preservation Planner  
Phone: (540) 853-1522  
E-mail: [parviz.moosavi@roanokeva.gov](mailto:parviz.moosavi@roanokeva.gov)

*Please remember...*

The COA does not relieve the property owner from the responsibility of obtaining any other required permits. A copy of the Certificate must be submitted to the Development Assistance Center (DAC) for permitting. For more information contact the DAC at 853-1090. It is strongly suggested that you do not order or purchase any materials until ARB approval and required City permits are obtained.

# H-2, Historic Neighborhood Overlay District

## Application for Certificate of Appropriateness

Date of Application

Site Address

Property Owner:

Name:

Address:

City:  State:  Zip Code:

Phone Number:  E-Mail:

Owner's Representative (if applicable):

Name:

Address:

City:  State:  Zip Code:

Phone Number:  E-Mail:

Application Prepared By:

Current Use:  Single-Family  Two-Family (Duplex)  Multifamily  Townhouse  Commercial

If Commercial, Describe Use:

Project Type:  Roof  Porch  Windows and Doors  New Construction  Signs  Walls and Fences  
 Parking and Paving  Demolition  Other:

**\*PLEASE USE ATTACHED SHEET FOR PROJECT DESCRIPTION.**

Acknowledgement of Responsibility: I understand that all applications requiring review by the ARB must be complete and must be submitted before application deadlines; otherwise consideration will be deferred to the following meeting. I agree to comply with the conditions of this certificate and all other applicable city regulations and to pursue this project in strict conformance with the plans approved by the ARB. I understand that no changes are permitted without prior approval by the City.

Signature of Property Owner:  Date:

*Section Below to be Completed by Staff*

Certificate Number:  Approval By:  ARB  Agent  
Tax Parcel Number:  Other approvals needed:  
Base Zoning District:   Zoning Permit  BZA/Planning Commission  
 Building Permit  Other \_\_\_\_\_

Agent, Architectural Review Board:  Date:

# H-2, Historic Neighborhood Overlay District Detailed Project Description

Site Address:

Property Owner:

Project  
Description:

Additional information to be submitted:

Photographs     Site Plan     Elevation Drawings     Sample, Photograph, or Catalog Pictures of Proposed Material

Other: