

APPLICATION FOR CHANGE WITHIN THE CHARLOTTE AMALIE HISTORIC & ARCHITECTURAL CONTROL DISTRICT



St. Thomas/St. John Historic Preservation Committee

Department of Planning and Natural Resources
Fort Christian National Historic Landmark Site
 5064 Forts Straede 1
 Charlotte Amalie, VI 00802
 Tel: (340)776-8605

DISTRICT: Charlotte Amalie [] Zoning _____ Approx. date of bldg.: _____

Physical Address of Changes (*NOT Mailing Address*): _____

Use: () Commercial () Residential () Combined Other: _____

Federally Funded [] Yes [] No Enterprise Zone [] Yes [] No Historic Tax Credit [] Yes [] No

PLEASE PRINT

Applicant's Name: _____

(Applicant is the person presenting the application at the meeting)

Business Name, if Applicable: _____

Applicant's Mailing Address: _____

Telephone Number: _____ Fax: _____

Property Owner's Name: _____

TYPE OF CHANGE(S) APPLIED FOR:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. [] Erection of sign/relocation/addition
2. [] New paint color/change/repaint
3. [] Repair of rubble masonry walls
4. [] Cleaning and repair of brick walls
5. [] Cleaning and repair of stone structural elements or walls
6. [] Alterations of wood structural elements or exterior wood sheathing
7. [] Alterations of windows and/or doors
8. [] Cleaning, repair or addition of architectural metals, including protective grillwork | 9. [] Porches, roof & balconies, alterations and addition
10. [] Installation of lighting fixtures/change/addition
11. [] Air-conditioning & other mechanical systems
12. [] Landscaping or other site improvements
13. [] Building additions
14. [] New construction
15. [] Significant interior changes
16. [] Demolition (partial or full)
17. [] Waiver of off-street parking
18. [] Other _____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Describe work planned in detail below (Use additional sheets, if necessary). Include one (1) set of photographs of building, showing its principal street façade, and three (3) sets of drawings or other graphic documentation

PROPERTY OWNER’S AUTHORIZATION – *Copy of deed, lease or sufficient proof of legal interest is required by the applicant for application to be processed.*

I certify that I am the owner of the aforementioned property and that I authorize the proposed changes previously noted and all of the information provided is correct and work will be done in accordance with the St. Thomas/St. John Historic Preservation Committee’s approval.

Signature of Property Owner

Date

Print Name

Property Owner’s Mailing Address: _____

Property Owner’s Telephone Number: _____ Fax _____

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NOTE: APPLICATIONS MUST BE SUBMITTED TWO (2) WEEKS PRIOR TO MEETING DATE.
Meetings are held on the second Tuesday of each month, unless otherwise announced.

ALL DOCUMENTS SUBMITTED AS A CONDITION OF AN APPLICATION TO THE HISTORIC PRESERVATION COMMITTEE SHALL BECOME THE PROPERTY OF THE HISTORIC PRESERVATION COMMITTEE AND SHALL NOT BE RETURNED. AN APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL DOCUMENTS ARE SUBMITTED.

APPLICANT MUST BE PRESENT AT MEETING.

APPLICANT’S SIGNATURE: _____ DATE: _____

Person presenting application at meeting