

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

OFFICE USE ONLY:

FILE # _____

DATE RECEIVED: _____

PROPERTY ADDRESS: _____

OWNERS NAME: _____

ADDRESS OF OWNER: _____

APPLICANT NAME (IF NOT OWNER): _____

APPLICANTS PHONE NUMBER: _____ FAX NUMBER: _____

DESCRIPTION OF WORK TO BE COMPLETED: _____

TYPE OF REQUEST: PAINT _____ NEW CONSTRUCTION _____ DEMO _____

FENCING _____ MISCELLANEOUS _____

HAS REQUEST BEEN MADE BEFORE: _____ IF YES, DATE: _____

APPLICANT SIGNATURE _____ DATE: _____

OFFICE USE ONLY:

APPROVED: YES _____ NO _____

PLANNING/ ZONING OFFICIAL

DATE

HISTORIC LANDMARK COMMISSION

DATE

COMMENTS: _____
