



Application for Certificate of Appropriateness

___ Pre-Application
___ Preliminary site visit request
___ Application

Date Received 9-3-19
Hearing scheduled

DESIGNATED PROPERTY:

Location of Property (include street address if available):
248 NORTH HAMILTON / BACK UPSTAIRS

Tax Map Identification:

Name of Applicant: JUAN LAMA

Doing Business as (if applicable):

Address of Applicant: 110 W. WAUGH ST

Phone: 706 271 7049 Work Home

Relationship of Applicant to Property (Lessee, owner): OWNER

Architect:

Address: Phone:

Contractor:

Address: Phone:

Type of Building

Proposed Work

- ___ Single Family
[X] Commercial
___ Two Family
___ Garage
___ Multi-Family
___ Office Building

- ___ Addition to existing structure
___ Repair
___ Fence/Wall
___ Parking
___ Demolish/Move

- ___ Alteration to existing structure
___ New Construction
___ Landscaping
___ Sign/Advertising
___ Other

Is there an application relevant to this property and the subject modifications or improvements pending or contemplated before the Board of Zoning Appeals, City Planning Commission or City Council? If so, please specify:

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Who will represent applicant before the Historic Preservation Commission:

Name: JUAN LAMA

Title or relationship to applicant: SAME

Address: _____ Phone: _____

General description of each modification or improvement:
2 WINDOWS ON BACK OF BUILDING

Why is work planned? WINDOWS WERE TOTALLY
DETERIORATED

What materials will be used? BRONZE ALUMINUM FRAMES
WITH LOW-E INSULATED GLASS

How will the work be performed and what methods of application will be used? _____

Will the existing appearance be the same or different? SAME Explain: _____

When is the work to begin? _____

What is the anticipated completion date? _____

Signature or owner (where applicable): 

Name: JUAN LAMA

Print or type

Signature of applicant or agent: _____

Name: _____

Print or type

Mail completed application with supporting documentation to:
City of Dalton, Administration Dept. PO Box 1205, Dalton, GA 30722

TO BE COMPLETED BY CITY STAFF:

Received by K Withers Docket No. _____
Date 9-3-19 Tax Map Identification _____

Qualifies for Administrative Review: Yes No