



Application for Certificate of Appropriateness

Pre-Application
Preliminary site visit request
Application

Date Received
Hearing scheduled

DESIGNATED PROPERTY:

Location of Property (include street address if available): 248 N. HAMILTON

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):

Architect:

Address: Phone:

Contractor: SAMS

Address: Phone:

Type of Building

Proposed Work

- Single Family
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:

Page two

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:

REPLACE 2 WINDOWS ON NORTH WALL

ABOVE THE ROOF OF 250 N. HAMILTON

TRIM THE OUTSIDE WITH COMPOSITE MATERIAL.

Why is work planned? WINDOWS WERE BROKEN, ABOUT TO COME APART ON THE FRAMES, TOTALLY DETERIORATED. GLASS WAS BROKEN AND DANGEROUS TO ANYONE ON THE INSIDE

What materials will be used? CLAD WINDOWS WITH DOUBLE

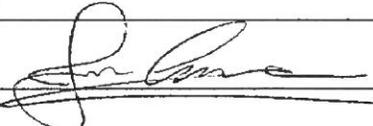
GLASS & LOW-E ; SAME LOOK

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

Will the existing appearance be the same or different? YES 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 KW;them Docket No. _____

Date 9-12-19 Tax Map Identification _____

Qualifies for Administrative Review: Yes No