



### 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): 507 W Walnut Ave

Tax Map Identification: \_\_\_\_\_

Name of Applicant: Rodney Kendrick

Doing Business as (if applicable): \_\_\_\_\_

Address of Applicant: 507 W Walnut Ave

Phone: 706-217-8958 Work \_\_\_\_\_ Home \_\_\_\_\_

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

Architect: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: Genard Wilbanks

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Type of Building**

☐ Single Family  
☐ Commercial  
☐ Two Family  
☐ Garage  
☐ Multi-Family  
☐ Office Building

#### **Proposed Work**

☐ 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: \_\_\_\_\_

rmkendrick07@gmail.com

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Who will represent applicant before the Historic Preservation Commission:

Name: Rodney Kendrick

Title or relationship to applicant: owner

Address: 507 W Walnut Ave Phone: 706-217-8958

General description of each modification or improvement:

24' x 6' to 8' privacy fence

Why is work planned? \_\_\_\_\_

What materials will be used? wood

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

Will the existing appearance be the same or different? ✓ Explain: \_\_\_\_\_

Fence in backyard along new concrete.

When is the work to begin? ASAP

What is the anticipated completion date? 1 month from date approved.

Signature or owner (where applicable): X

Name: Rodney Kendrick  
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

Received by Kewithen **TO BE COMPLETED BY CITY STAFF:**  
Date \_\_\_\_\_ Docket No. 121-HPC  
Tax Map Identification \_\_\_\_\_

Qualifies for Administrative Review: ☐ Yes ☒ No









