



Application for Certificate of Appropriateness

☐ Pre-Application
☐ Preliminary site visit request
☒ Application

Date Received 10-4-19
Hearing scheduled _____

DESIGNATED PROPERTY:

Location of Property (include street address if available): _____

603 KENILWORTH CT

Tax Map Identification: _____

Name of Applicant: ROWLAND ALBERTSON

Doing Business as (if applicable): _____

Address of Applicant: SAME

Phone: 706-217-9306 Work _____ Home _____

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

Architect: _____

Address: _____ Phone: _____

Contractor: STANLEY RICHARDSON

Address: _____ Phone: 706-463-1312

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: _____

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Who will represent applicant before the Historic Preservation Commission:

Name: ROWLAND ALBERTSON

Title or relationship to applicant: _____

Address: _____ Phone: _____

General description of each modification or improvement:

REPAIR OF ROT ON GABLES
ONE GABLE PULLED AWAY/ ALLOWING GAP FOR ANIMALS
TO ENTER ATTIC.

ADDITION OF GABLE ROOF OVER SCREEN PORCH,
MAINTAIN EXISTING ROOF/ GABLE APPEARANCE

Why is work planned? NECESSARY/ REPAIR AND
SCREENING DECK

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: _____

EXISTING DECK ON BACK WOULD TIE INTO ROOF
LINE, GABLED + SCREENED

When is the work to begin? ASAP

What is the anticipated completion date? OCT 31ST

Signature or owner (where applicable): [Signature]

Name: ROWLAND ALBERTSON

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. 120-HPC

Date 10-4-19

Tax Map Identification _____

Qualifies for Administrative Review: ☐ Yes ☒ No









