

Criteria Checklist

Certificate of Appropriateness

City of Bloomington Historic Preservation Commission

| Please be sure the following information is complete before submitting application |
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| Property is zoned S-4, Local Historic Preservation District |
| Work on this project has not been started nor been completed |
| The project complies with the City of Bloomington Architectural Review Guidelines |
| For significant changes to buildings and/or property such as room additions, new buildings or driveways include a scaled drawing depicting your lot, location of all building, structures, driveways, parking areas, and other improvements showing all dimensions |
| Specifications as to the type, quantity, dimensions, and durability of the materials are described in the drawings or an associated narrative |

| Property Address: | | |
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| Property Address. | | |
| Historic District (if applicable): | | |
| □ Davis-Jefferson Historic District | | |
| □ Downtown Bloomington Historic District | | |
| ☐ East Grove Historic District | | |
| ☐ Franklin Square Historic District | | |
| North Roosevelt Ave Historic District | | |
| □ White Place Historic District | | |
| Year Built Architectural Style: | | |
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| - attach photo of property front elevation here | | |
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| Proposed Restoration Work: | | |
| Detailed Description of Proposed Restoration Work: | | |
| Please provide supporting documents: | | |

2 Revised 12/28/2018

| Project Start Date: Expected Project Completion Date: Please attach the following information to the application. Historic photos supporting the application (if available) Applicant Name: Applicant Address: | | | |
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| Please attach the following information to the application. Historic photos supporting the application (if available) Applicant Name: | | | |
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| Historic photos supporting the application (if available) Applicant Name: | Project Start Date: | Expected Project Completion Date: | |
| Historic photos supporting the application (if available) Applicant Name: | | | |
| Applicant Name: | Please attach the following information t | o the application. | |
| Applicant Name: | | | |
| Applicant Name: | ☐ Historic photos supporting the application (if available) | | |
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| Applicant Address: | Applicant Name: | | |
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Revised 12/28/2018

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Email:

Applicant Signature* Date

Return to:

City Planner

City of Bloomington Community Development Department

115 E. Washington St. Suite 201

Bloomington, IL 61701 Phone: (309) 434-2341

Email: ksimpson@cityblm.org

| Submission Deadline | Hearing Date |
|---------------------|--------------|
| 12/24/2018 | 1/17/2019 |
| 1/28/2019 | 2/21/2019 |
| 2/18/2019 | 3/21/2019 |
| 3/25/2019 | 4/18/2019 |
| 4/22/2019 | 5/16/2019 |
| 5/24/2019 | 6/20/2019 |
| 6/24/2019 | 7/18/2019 |
| 7/22/2019 | 8/15/2019 |
| 8/26/2019 | 9/19/2019 |
| 9/23/2019 | 10/17/2019 |
| 10/21/2019 | 11/21/2019 |
| 11/25/2019 | 12/19/2019 |