



City of Pomona Planning Division

HISTORIC DISTRICTS MAJOR CERTIFICATE OF APPROPRIATENESS APPLICATION

OFFICE USE ONLY
CASE NO: _____
DATE RECEIVED: _____
RECEIVED BY: _____

All exterior alterations are covered by the historic design guidelines, available online at, <http://www.ci.pomona.ca.us/index.php/government/citydepartments/community-development/planning>.

PROJECT INFORMATION

Project Address: _____

Assessor's Parcel #: _____

Include the scope of work and indicate how the proposed work is compatible with the original architectural style of the building or the historic district.

Project Description: _____

CONTACT INFORMATION

APPLICANT	Name: _____
	Phone/Email: _____
	Address: _____
PROPERTY OWNER	Name: _____
	Phone/Email: _____
	Address: _____
CONTRACTOR /TRADESMAN	Name: _____
	Phone/Email: _____
	Address: _____

I hereby certify that the foregoing statements and information are true and that any submitted material, statements or plan designs are correct to the best of my knowledge.

Applicant's Signature

Date

SUBMITTAL REQUIREMENTS

Listed below are the submittal requirements for Minor Certificates of Appropriateness. Please note that the City of Pomona Planning Division does not accept incomplete applications. All documents and exhibits listed below are required at the time of submittal.

FULL SET OF PLANS (3 Sets)

A full set of plans should include a site plan, floor plan, and proposed elevations to scale.

PROPERTY OWNER'S AFFIDAVIT

SAMPLES OF PROPOSED MATERIAL (Upon Request)

Additional requirements may arise as the Planning Division receives more information regarding the proposed scope of work. For clarification regarding application submittal process please contact the Planning Division at (909)620-2191.

Notary required.

PROPERTY OWNER'S AFFIDAVIT

STATE OF CALIFORNIA)

)SS

COUNTY OF LOS ANGELES)

I/WE _____ BEING DULY SWORN, DEPOSE AND SAY, THAT I/WE AM/ARE THE OWNER(S) OF PROPERTY INVOLVED IN THIS PETITION, AND THAT THE FOREGOING STATEMENTS AND ANSWERS HEREIN CONTAINED AND THE INFORMATION HERewith SUBMITTED, ARE IN ALL RESPECTS TRUE AND CORRECT TO THE BEST OF KNOWLEDGE AND BELIEF.

SWORN TO BEFORE ME THIS _____ SIGNED: _____

DAY OF _____, _____ .

ADDRESS: _____

CITY: _____

NOTARY PUBLIC

TELEPHONE: _____