



Downtown Lorain Preservation District
Design Review Board

Case No: _____ Date Received: _____

Date of Application: _____ DRB Hearing Date: _____

CERTIFICATE OF APPROPRIATENESS APPLICATION

_____ Applicant's Name	_____ Property Owner
_____ Address	_____ Property Address
_____ Telephone No.	_____ Name of Structure

CHECK THE APPROPRIATE REHABILITATION ACTIVITY

_____ New Construction	_____ <u>PAINTING</u>
_____ Addition	_____ Base _____ (Color)
_____ Rehabilitation	_____ Trim _____ (Color)
_____ Sign	_____ Other _____ (Color)
_____ Removal of Significant Architectural Features	_____ <u>MINOR STRUCTURAL REPAIRS</u>
_____ Demolition of Structures	_____ Masonry Repointing/Cleaning
_____ Parking Lot	_____ Windows Removal/Replacement/Add
	_____ Door R/R/A
	_____ Porch and/or Patio
	_____ Gutter/Downspout R/R/A
	_____ Roof R/R/A _____ (Color)
	_____ <u>LANDSCAPING</u>
	_____ Fence
	_____ Outdoor Lighting
	_____ Tree and/or Shrub Planting/Removal
_____ OTHER REPAIRS _____	

Approximate Cost of Work _____ Architect _____
Address _____ Telephone # _____

Signature of Applicant

Signature of Property Owner (if applicable)

D.R.B.: _____ Approved _____ Conditionally Approved _____ Denied _____ Date: _____
5th Floor, City Hall*200 West Erie Avenue*Lorain, Ohio 44052*440-204-2020*Fax 440-204-2080