City of Long Beach
Department of Development Services
Historic Preservation Division
333 West Ocean Blvd., 5th floor
Long Beach, CA 90802
(562) 570-6194   Fax: (562) 570-6068

CERTIFICATE OF APPROPRIATENESS
Minor (Staff) Project Application

Please print legibly or type

DATE:	PROJECT NO:	CASE NO: **HP10–**

PROJECT ADDRESS (NOT MAILING LIST):	HISTORIC DISTRICT/LANDMARK NAME:
APPLICANT'S NAME:	PROPERTY OWNER'S NAME:
APPLICANT'S ADDRESS:	PROPERTY OWNER'S ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:
TELEPHONE (INCLUDING AREA CODE):	TELEPHONE (INCLUDING AREA CODE):
EMAIL ADDRESS:	EMAIL ADDRESS:

PRIMARY CONTACT PERSON:	☐ Applicant	☐ Property Owner

Please check the appropriate boxes below.
Only check a box if it accurately and describes your proposed work, otherwise leave boxes blank.
In addition, please briefly describe your project noting materials, colors, location, and type of work proposed.
Also note the reason for the requested modification.

1. PROPOSED PROJECT

☐ New Construction   ☐ Relocation   ☐ Addition   ☐ Signage/Awning
☐ Restoration/Rehabilitation ☐ Alteration   ☐ Demolition   ☐ Other: _____

2. PROJECT DESCRIPTION

_____
_____
_____
_____
_____

3. REASON FOR CHANGE(S)

_____
_____
_____

TOTAL SQUARE FEET OF THIS PROJECT:	VALUATION OF WORK COVERED BY THIS APPLICATION:
COMM RES GAR MISC	$

I, the undersigned, declare under penalty of perjury under the laws of the State of California that the information on this Certificate of Appropriateness application is true and correct. In addition, I understand that I cannot proceed with the environmental changes requested in this application unless and until a Certificate of Appropriateness is issued by the Cultural Heritage Commission or the Historic Preservation Officer. I further understand that neither this application nor a subsequently issued Certificate of Appropriateness supersedes the need to obtain the necessary building permits and other applicable permits under the City of Long Beach Municipal Code.

Signature: _____   Date: _____

FOR DEPARTMENT USE ONLY BELOW THIS LINE

CEQA Review:	☐ Exempt	☐ Pending	☐ Completed (note type):		
Project Review:	☐ Approved	☐ Denied	☐ Referred to CHC	COA Fee	$
				Other Fee:	$
Issued By: _____		Date: _____		9.3% Surcharge:	$
				TOTAL:	$

This information is available in an alternative format by request to the Development Services Center at
(562) 570-6651 or (562) 570-6793 TDD – Visit our website at www.longbeach.gov/plan

COA MINOR APP Rev. 06/2008