

APPLICATIONS MUST BE RECEIVED 14 DAYS PRIOR TO THE NEXT HISTORIC COMMISSION MEETING.

TOWN OF ODESSA

Application for Historic Review

\$15.00 Application Fee

Applicant: _____ Date: _____

Name: _____

Address: _____

Contact Information: Home Phone: _____ Cell: _____ Work: _____

EMAIL ADDRESS: _____

Property Location:

Street Address: _____

P. O. Box: _____ Parcel Number: _____

Historic Register Identification Number: _____

PLEASE ATTACH A PHOTOGRAPH

Work Being Requested: Please provide drawings, site plan, and samples of building materials.
INCOMPLETE APPLICATIONS MAY NOT BE REVIEWED.

*******SEE THE TOWN OF ODESSA WEB-SITE (odessa.delaware.gov) FOR FURTHER INFORMATION ON THE HISTORIC REVIEW PROCESS & YOUR REQUIREMENTS.*******

FOR TOWN USE ONLY:

Meeting Date: _____ Historic Recommendations: _____

X _____ Date: _____

Chairperson Signature

PERMIT REQUIRED _____ **YES** / _____ **NO** / *REFERENCE PERMIT NUMBER FILE*