

APPLICATION FOR CHANGE WITHIN THE ST. CROIX HISTORIC & ARCHITECTURAL CONTROL DISTRICTS

St. Croix Historic Preservation Committee
Department of Planning and Natural Resources
V.I. State Historic Preservation Office
Fort Frederik
198 Strand Street
Frederiksted, St. Croix 00840
Tel: (340)719-7089 Fax: (340)719-8343



DISTRICT: Christiansted [] Frederiksted [] Zoning _____

PLEASE PRINT

Applicant's Name: _____

Use:

(Applicant is the person presenting the application at the meeting)

Business Name, if Applicable: _____

() Commercial

() Residential

() Combined

Applicant's Mailing Address: _____

Other: _____

Telephone Number: _____ Fax: _____

Property Owner's Name: _____ Approx. Date of Bldg.: _____

TYPE OF CHANGE(S) APPLIED FOR:

Physical Address of Changes (*NOT Mailing Address*): _____

- | | |
|--|---|
| 1. [<input type="checkbox"/>] Erection of sign/relocation/addition | 9. [<input type="checkbox"/>] Porches, roof & balconies, alterations and addition |
| 2. [<input type="checkbox"/>] New paint color/change/repaint | 10. [<input type="checkbox"/>] Installation of lighting fixtures/change/addition |
| 3. [<input type="checkbox"/>] Repair of rubble masonry walls | 11. [<input type="checkbox"/>] Air-conditioning & other mechanical systems |
| 4. [<input type="checkbox"/>] Cleaning and repair of brick walls | 12. [<input type="checkbox"/>] Landscaping or other site improvements |
| 5. [<input type="checkbox"/>] Cleaning and repair of stone structural elements or walls | 13. [<input type="checkbox"/>] Building additions |
| 6. [<input type="checkbox"/>] Alterations of wood structural elements or exterior wood sheathing | 14. [<input type="checkbox"/>] New construction |
| 7. [<input type="checkbox"/>] Alterations of windows and/or doors | 15. [<input type="checkbox"/>] Significant interior changes |
| 8. [<input type="checkbox"/>] Cleaning, repair or addition of architectural metals, including protective grillwork | 16. [<input type="checkbox"/>] Demolition (partial or full) |
| | 17. [<input type="checkbox"/>] Waiver of off-street parking |
| | 18. [<input type="checkbox"/>] Other _____ |

Certification for Applications that are: Federally Funded [] Yes [] No Enterprise Zone [] Yes [] No
Revenue Enhancement Act [] Yes [] No Tax Act [] Yes [] No

Describe work planned in detail below (Use additional sheets, if necessary). Include one (1) set of photographs of building, showing its principal street façade, and three (3) sets of drawings or other graphic documentation. If applicant is not the owner of the property, see reverse side for "Property Owner's Authorization".

PROPERTY OWNER’S AUTHORIZATION – *Copy of deed, lease or sufficient proof of legal interest is required by the applicant for application to be processed.*

I certify that I am the owner of the aforementioned property and that I authorize the proposed changes previously noted and all of the information provided is correct and work will be done in accordance with the Historic Preservation Committee’s approval.

Signature of Property Owner

Date

Print Name

Property Owner’s Mailing Address: _____

Property Owner’s Telephone Number: _____ Fax _____

NOTE: APPLICATIONS MUST BE SUBMITTED TWO (2) WEEKS PRIOR TO MEETING DATE.
Meetings are held on the first Friday of each month, unless otherwise announced.

ALL DOCUMENTS SUBMITTED AS A CONDITION OF AN APPLICATION TO THE HISTORIC PRESERVATION COMMITTEE SHALL BECOME THE PROPERTY OF THE HISTORIC PRESERVATION COMMITTEE AND SHALL NOT BE RETURNED. APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL DOCUMENTS ARE SUBMITTED.

APPLICANT MUST BE PRESENT AT MEETING.

APPLICANT’S SIGNATURE: _____ DATE: _____

Person presenting application at meeting