

**REQUEST FOR DETERMINATION OF NEED FOR
CERTIFICATE OF APPROPRIATENESS
NORWALK ARCHITECTURAL DISTRICT**

Name of Property: _____

Address of Property: _____

Date of Request: _____

Scope of project to include:

- | | | |
|--------------------------------------|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> awnings | <input type="checkbox"/> painting | <input type="checkbox"/> vacant space development |
| <input type="checkbox"/> signage | <input type="checkbox"/> parking lot layout | <input type="checkbox"/> doors, windows, entrances |
| <input type="checkbox"/> roofing | <input type="checkbox"/> other design issues | <input type="checkbox"/> complete façade restoration |
| <input type="checkbox"/> landscaping | <input type="checkbox"/> partial façade restoration | |

Briefly explain the proposed work:

Signed: _____ Date: _____

DETERMINATION BY ZONING OFFICER

Based upon the information provided above, a Certificate of Appropriateness from the
Architectural Review Board is _____ is not _____ required.

Signed: _____ Date: _____

*A copy of this form will be forwarded to the Architectural Review Board.