CITY OF CORPUS CHRISTI
DEVELOPMENT SERVICES

CERTIFICATE OF APPROPRIATENESS FOR DEMOLITION

Development Services Dept.
P.O. Box 9277
Corpus Christi, Texas 78469-9277
(361) 826-3240
Located at 2406 Leopard Street

Office Use Only

Case No.:_____ Map No.: _____

LC Hearing Date:_____Proj.Mgr:_____

Hearing Location: City Hall, Council Chambers, 1201 Leopard Street
Hearing Time: Thursday,_____, from 4:30-6:30

**** INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. ****

*****A certificate of appropriateness shall be required in the following circumstances before the commencement of any demolition of any designated landmark or contributing structure located within an Historic Overlay OR a property that is 50 years or older and within the Downtown Management District. Per UDC 3.15.1.A and Vacant Building Ordinance. *****

1. Property Owner(s):_____Contact Person :_____

Mailing Address:_____

City:_____State:_____ZIP:_____Phone: (_____)_____

E-mail:_____ Cell: (_____)_____

2. Applicant (If different from owner):_____Contact Person :_____

Mailing Address:_____

City:_____State:_____ZIP:_____Phone: (_____)_____

E-mail:_____ Cell: (_____)

3. Subject Property Address:_____Area of Request (SF/acres): _____

Current Zoning & Use:_____Proposed Zoning & Use: _____

12-Digit Nueces County Tax ID _ _ _ _ - _ _ _ _ - _ _ _ _

Subdivision Name:_____Block:_____Lot(s):_____

Legal Description if not platted:_____

4. Submittal Requirements:

☐ **Photo of all elevations of the structure(s) and additional photos of area(s) or work**

☐ **Land Use Statement and Reason for Demolition**

IF APPLICABLE:

☐ **Future Development Concept of Property** ☐ **Site Plan Showing Structures to Demolished**

Should project exceed 2,500 square feet OR 1 story in height, a report on structural evaluation must be provided by a structural Engineer

I certify that I have provided the City of Corpus Christi with a *complete* application for review; that I am authorized to initiate this application as or on behalf of the Property Owner(s); and the information provided is accurate.

_____ _____
Owner or Agent's Signature Applicant's Signature

_____ _____
Owner or Agent's Printed Name Applicant's Printed Name

Office Use Only: Date Received:_____Received By:_____ADP:_____

COA:_____+ Sign Fee_____= **Total Fee** _____

No. Signs Required_____@ $15/sign Sign Posting Date: _____