

**CITY OF TUSCALOOSA HISTORIC PRESERVATION COMMISSION
OFFICE OF PLANNING AND ECONOMIC DEVELOPMENT**

EXPEDITED REVIEW APPLICATION

PHONE # 248-5080

FAX# 349-0135

CERTIFICATE# _____

OWNER INFORMATION:	
Name _____	Daytime phone # _____
Site address _____	Historic District _____
Contractor _____	Contractor's Phone # _____

DESCRIPTION OF WORK AND ESTIMATED COST (USE BACK OF FORM IF NECESSARY): _____ _____ _____
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DO NOT WRITE BELOW THIS LINE

STAFF COMMENTS: _____ _____ _____
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CITY OF TUSCALOOSA BUILDING PERMIT REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Certification of Applicant

I hereby certify that I have read and examined this application and known the same to be true and correct. I understand that consideration of this application is based upon the correctness of the information I have supplied and that any permit (s) granted may be revoked upon finding by the Tuscaloosa Historic Preservation Commission that any relevant information supplied on or with application is substantially incorrect. I further understand that only complete applications including all required exhibits, and fees are considered by the Commission and must be received by the City of Tuscaloosa Planning and Development Department.

Applicant: _____ Date: _____

Planning Department: _____ Date: _____