



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

CERTIFICATE OF APPROPRIATENESS FOR DEMOLITION

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: _____