



Town of Abita Springs Certificate of Appropriateness

Application for permit to:

Add sky lights to
renovations list for
house on LAUREL ST

(Please continue on attachment if you need more space)

Applicant's Name:

Dessommes

Address:

MAIN Street

Owner's Name (if different):

Address:

Location of Property (Street Address or Square & Lot #):

Contractor's Name:

Address:

Work to Commence:

Estimated Completion Date:

Signature of Applicant:

DO NOT WRITE BELOW THIS LINE

Review Date:

List of Attachments:

Approved:

Rejected:

Tabled for Review:

Requested

Follow-up Done On:

Public Hearing:

Worked Completed as Presented:

Signature:

Further Action Needed:

Historic Commission Chairman

Copy to Town Hall: