

Town of Abita Springs Certificate of Appropriateness

Application for permit to:	
Changes to storefront (e)	
22/07 Lung 36	
windows/Siding	
, ,	
(Please continue on attachment if you need more space) Applicant's Name:	
Address:	P
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:

- PROPOSED New Windows -