



Town of Abita Springs Certificate of Appropriateness

Application for permit to:

Change roof from a
3 tab shingle to a
metal roof

(Please continue on attachment if you need more space)

Applicant's Name: _____

Midence

Address: _____

22313 + 22315 Hwy 36

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: _____



2375

