

APPLICATION FOR CHANGE WITHIN THE ST. CROIX HISTORIC & ARCHITECTURAL CONTROL DISTRICTS

St. Croix Historic Preservation Committee
 Department of Planning and Natural Resources
 V.I. State Historic Preservation Office
 Fort Frederik Museum
 198 Strand Street
 St. Croix, Virgin Islands 00840
 Tel: (340)719-7089 Fax: (340)719-8343



DISTRICT: Christiansted [] Frederiksted [] Zoning _____

PLEASE PRINT

Applicant's Name: _____

Use:

(Applicant is the person presenting the application at the meeting)

Business Name, if Applicable: _____

() Commercial

() Residential

() Combined

Applicant's Mailing Address: _____

Other: _____

 Email Address: _____

Telephone Number: _____ Fax: _____

Property Owner's Name: _____ Approx. Date of Bldg.: _____

TYPE OF CHANGE(S) APPLIED FOR:

Physical Address of Changes (*NOT Mailing Address*): _____

- | | |
|--|---|
| 1. [<input type="checkbox"/>] Erection of sign/relocation/addition | 9. [<input type="checkbox"/>] Porches, roof & balconies, alterations and addition |
| 2. [<input type="checkbox"/>] New paint color/change/repaint | 10. [<input type="checkbox"/>] Installation of lighting fixtures/change/addition |
| 3. [<input type="checkbox"/>] Repair of rubble masonry walls | 11. [<input type="checkbox"/>] Air-conditioning & other mechanical systems |
| 4. [<input type="checkbox"/>] Cleaning and repair of brick walls | 12. [<input type="checkbox"/>] Landscaping or other site improvements |
| 5. [<input type="checkbox"/>] Cleaning and repair of stone structural elements or walls | 13. [<input type="checkbox"/>] Building additions |
| 6. [<input type="checkbox"/>] Alterations of wood structural elements or exterior wood sheathing | 14. [<input type="checkbox"/>] New construction |
| 7. [<input type="checkbox"/>] Alterations of windows and/or doors | 15. [<input type="checkbox"/>] Significant interior changes |
| 8. [<input type="checkbox"/>] Cleaning, repair or addition of architectural metals, including protective grillwork | 16. [<input type="checkbox"/>] Demolition (partial or full) |
| | 17. [<input type="checkbox"/>] Waiver of off-street parking |
| | 18. [<input type="checkbox"/>] Solar Panel Installation |
| | 19. [<input type="checkbox"/>] Other _____ |

Certification for Applications that are: Federally Funded [] Yes [] No Enterprise Zone [] Yes [] No
 Revenue Enhancement Act [] Yes [] No Tax Act [] Yes [] No

Describe work planned in detail below (Use additional sheets, if necessary). Include one (1) set of photographs of building, showing its principal street façade, and three (3) sets of drawings or other graphic documentation. If applicant is not the owner of the property, see reverse side for "Property Owner's Authorization".
