

**CERTIFICATE OF APPROPRIATENESS APPLICATION FORM  
CONTINUATION AMENDMENT SHEET**

1. Name of Property: \_\_\_\_\_

Address of property: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Type or print clearly in black ink. Use this sheet to continue sections of the application, or to amend an application already submitted. Photocopy additional sheets as necessary.

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This sheet \_\_\_\_\_ continues Description of Rehabilitation \_\_\_\_\_ amends Description of Rehabilitation

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

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**CAMPBELLSVILLE CERTIFIED LOCAL GOVERNMENT/HISTORIC PRESERVATION COMMISSION  
USE ONLY**

\_\_\_ The Campbellsville Certified Local Government/Historic Preservation Commission has determined that this project meets The Campbellsville Local Historic District Design Guidelines and therefore grants a Certificate of Appropriateness.

\_\_\_ The Campbellsville Certified Local Government /Historic Preservation Commission has determined that this project will meet The Campbellsville Local Historic District Design Guidelines and will therefore grant a Certificate of Appropriateness if the following conditions are met.

\_\_\_ The Campbellsville Certified Local Government /Historic Preservation Commission has determined that this project does not meet The Campbellsville Local Historic District Design Guidelines and therefore is not granted a Certificate of Appropriateness.

\_\_\_ The Campbellsville Certified Local Government /Historic Preservation Commission has determined that this project does NOT meet The Campbellsville Local Historic District Design Guidelines but will grant a Certificate of Appropriateness.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Chairman or Vice-Chairman