

Guidelines for Certificate of Appropriateness Applications

Review of Certificate of Appropriateness Applications:

The Commission shall consider the following design guidelines, among other standards, when reviewing applications for Certificates of Appropriateness.

- Height
- Proportions of Windows and Doors
- Relationship of Building Masses and Spaces
- Roof Shape
- Landscaping
- Scale
- Directional Expression
- Architectural Details

Determination of Certificate of Appropriateness Applications:

Within fifteen (15) days after support staff review, or from the date of the regular meeting, or from the close of a public hearing concerning an application for Certificate of Appropriateness, or within such further time as the applicant for said Certificate (and/or Permit) approves in writing, the Commission shall determine approval or denial of the Certificate of Appropriateness.

Notification of approval or denial will be sent to the applicant within seven (7) days following the determination of the Commission.

Compliance with Certificate of Appropriateness:

Certificate of Appropriateness will become VOID:

1. If there is any change in the scope of work pursuant to the approved application subsequent to the issuance of the Certificate; or
2. If twenty-four (24) months have elapsed, after issuance of the Certificate and no building permit has been issued or if twenty-four (24) months have lapsed after issuance of the last building permit and the project has not been completed.

Other Information

This application does not fulfill the requirements of other Will County Land Use Department Divisions.

Return the completed application to:

Will County Historic Preservation Commission
c/o Will County Land Use Department
58 E. Clinton St., Suite 500
Joliet, IL 60432

**WILL COUNTY HISTORIC PRESERVATION COMMISSION
CERTIFICATE OF APPROPRIATENESS APPLICATION**

Owner: _____

Address of owner: _____

Township/City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Owner Represented By: _____

Address of Representative: _____

Township/City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Location of Alteration/Construction/Demolition/Maintenance:

P.I.N.: _____

Address: _____

Township/City: _____ State: _____ Zip Code: _____

Historic Designation: _____ Landmark or _____ Preservation District

Common Name of Landmark / Preservation District: _____

Details of Alteration/Construction/Demolition/Maintenance:

Brief description of work to be done (attach detailed scope of work):

Purpose of work to be done: _____

Building to be used for (if applicable): _____

Time frame for work to be done: _____

Total cost of construction (including labor): \$ _____

Contractor: _____ Phone: () _____

Address: _____

Township/City: _____ State: _____ Zip Code: _____

