



**CITY OF TUSCALOOSA**

**TUSCALOOSA HISTORIC PRESERVATION COMMISSION**

**EXPEDITED REVIEW APPLICATION**

**PHONE: (205) 248-5110**

**FAX: (205) 349-0136**

**CERTIFICATE#** \_\_\_\_\_

Name: _____	Contact Phone/Email: _____
Site Address: _____	Historic District: _____
Contractor: _____	Contractor's Phone/Email: _____

<b>DESCRIPTION OF WORK AND ESTIMATED COST (Attach Additional Information If Necessary):</b>

**DO NOT WRITE BELOW THIS LINE**

<b>STAFF COMMENTS:</b>

<b>CITY OF TUSCALOOSA BUILDING PERMIT REQUIRED:</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO

**Certification of Applicant:**

I hereby certify that I have read and examined this application and known the same to be true and correct. I understand that consideration of this application is based upon the correctness of the information I have supplied and that any permit(s) granted may be revoked upon finding by the Tuscaloosa Historic Preservation Commission that any relevant information supplied on or with application is substantially incorrect. I further understand that only complete applications including all required exhibits, and fees are considered by the Commission and must be received by the City of Tuscaloosa's Planning & Development Services Department.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Official: \_\_\_\_\_ Date: \_\_\_\_\_