



CITY OF TUSCALOOSA

TUSCALOOSA HISTORIC PRESERVATION COMMISSION

EXPEDITED REVIEW APPLICATION

PHONE: (205) 248-5110

FAX: (205) 349-0136

CERTIFICATE# _____

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

DESCRIPTION OF WORK AND ESTIMATED COST (Attach Additional Information If Necessary):

DO NOT WRITE BELOW THIS LINE

STAFF COMMENTS:

CITY OF TUSCALOOSA BUILDING PERMIT REQUIRED:
<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: _____