

CITY OF GREENSBORO  
HISTORIC DISTRICT PROGRAM  
CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

LOCATION 815 W Market St, Greensboro, NC 27401  
Street Address Where Work Will Be Undertaken

PROPERTY OWNER Greensboro College  
Last Name First Name MI

ADDRESS  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CONTACT INFO  
Daytime Phone No. \_\_\_\_\_ Email \_\_\_\_\_

APPLICANT  
(If different from owner) Last Name First Name MI  
Last Name First Name MI

ADDRESS  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CONTACT INFO  
Daytime Phone No. \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

<p>PROPERTY OWNER'S SIGNATURE <small>(required)</small> <i>Chris Gomez for GC</i></p> <p>APPLICANT'S SIGNATURE <i>Chris Gomez</i></p>	<p><b>Mail or Fax Application To</b> Planning Department City of Greensboro PO Box 3136 Greensboro, NC 27402-3136 Fax: 336-412-6315 Phone: 336-373-2144</p>
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FOR OFFICE USE ONLY	ACTION	DATE
Date Received <u>1/21/20</u>	<input type="checkbox"/> Approved	_____
Application # <u>2341</u>	<input type="checkbox"/> Approved with Conditions	_____
	<input type="checkbox"/> Denied	_____
	<input type="checkbox"/> Withdrawn	_____
	<input type="checkbox"/> COA Not Required	_____
	<input type="checkbox"/> Staff Approval	_____

Revised 1-03-08

Describe the project clearly and in detail. Please print or type.

Remove 2 dead Ash trees behind West Hall  
 Remove 1 dead Elm struck by lightning  
 Remove 3 dead ~~and~~ Mulberry West Hall  
 Remove 1 dead Catawba