

City of Pomona

CERTIFICATE OF APPROPRIATENESS APPLICATION

FOR ALL HISTORIC PROPERTIES

PRO	PERTY LOCATION AN	ID ZONING (PRINT OR TY	PE)
	Property Address:		Zip Code:
Д	ssessor's Parcel No(s):		
PERM	NIT REQUESTED (PLE	ASE CHECK ALL APPLICA	BLE BOXES)
Min	or Certificate of Appropriateness	Major Certificate of Appropriaten	ess Other:
Cert	ificate of Economic Hardship		
DESC	RIPTION OF PROJEC	T (Be as specific as possible, attach	sheets if necessary)
DESC	KII IION OI I KOJEC	Te (be as specific as possible, attach	sheets if necessary)
O W N	ER / APPLICANT INF		
O W IN	-		
		Stato	Zip Code:
Note:			licant is a trust, partnership, corporation or LLC,
11010.		ng of all persons that make-up the trust, partne	
	Applicant		
	Applicant:		
	Address:		7:n Codo
			Zip Code:
		Fax:	
	Cell / Other Phone:	E-mail:	

		Project Architect	Pr	oject Engineer	Project Contractor
А	pplicant's Representative:				
	Address:				
	City:		State:	Zip Code:	
	Phone:		Fax:		
	Cell / Other Phone:	E-	-mail:		
Note:		· · · · · · · · · · · · · · · · · · ·			al with the Planning Division in order dication form, please be as accurate
APPL	ICANT CERTIFICA	TION			
not lim and ot City of of law. exhibit	nited to, plans, exhibits, an her Agencies in order to p Pomona's web site and ca Nothing in this consent, h ss and photographs for any	d photographs, for dist rocess the application, a ble channel, notwithstar nowever, shall entitle an	tribution to and to make nding Healtl ny person to	staff, Commission e those materials a h & Safety Code § n make use of the i nsideration of this	itted materials, including but and City Council Members, available to the public on the 19851 or any other provision intellectual property in plans, application.
Sign	nature:			Date:	
Nan	ne (<i>print or type</i>):			Phone:	
CON	SENT BY PROPERT	Y OWNER			
	icant is other than property als signatures only. Fax cop				additional sheets if necessary.
hereby proper	authorize City representat	tive(s) to enter upon my ports and/or required er	property fo	or the purpose of ϵ	on. We further consent and examining and inspecting the ocessing of the application(s)
Sign	nature(s)	Name(s) (ple	Name(s) (please print or type) Date		Date

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Note: This application being signed under penalty of perjury and does not require notarization.

PROJECT INFORMATION (If Applicable)

Building Information:					
Existing Main Str	ucture:	sq. ft.	Proposed Main Structu	re:	sq. ft.
Existing Accessory Structure(s):		sq. ft.	Proposed Accessory Structure	(s):	sq. ft.
No. of S	Stories:		No. of Stori	es:	_
Property Calculations:					
Lot Coverage:	sq. ft	%	Lot Size:	sq. ft	
Landscaping:	sq. ft.	%	Pervious Surfaces:	sq. ft.	%

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MINIMUM APPLICATION FILING REQUIREMENTS

81/2"X11". Plans shall include the following:

This checklist will be used by staff to determine if an application contains the appropriate requirements to begin the application process. All items listed below must be included. If any items are not included the project will not be accepted for submittal. This checklist does not determine a project complete for purposes of the Permit Streamlining Act.

 Site Plan (Existing and Proposed) 			
 Floor Plan(s) (Existing and Proposed) 			
 Roof Plans (Existing and Proposed) Elevations (All Sides, Existing and Proposed) Landscape Plan (if applicable) Demolition Plan (if applicable) Plans may be submitted digitally in PDF format. One (1) color and materials samples mounted on an 8½"X11" board. (if applicable, may be submitted digitally) Any other plans or information that the Development Services Director deems necessary to facilitate processing of the application. 			
Certificate of Economic Hardship			
Cost Estimates. Cost estimates of the proposed construction, alteration, demolition, or removal and an estimate of the additional cost(s) that would be incurred to comply with the recommendations of the Commission for issuance of a Certificate of Appropriateness.			
Rehabilitation Report. A report from a licensed engineer or architect with expertise in rehabilitation as to the structural soundness of any structures on the property and their suitability for rehabilitation.			

505 SOUTH GAREY AVENUE, POMONA, CA 91766 T: 909.620.2191 F: 909.620.3702 WWW.POMONACA.GOV Market Value Information.

- Estimated market value of the property in its current condition; estimated market value after completion of the proposed construction, alteration, demolition, or removal; after any change recommended by the Commission; and in the case of a proposed demolition, after renovation of the existing property for continued use.
- In the case of a proposed demolition, an estimate from an architect, developer, real estate consultant, appraiser, or other real estate professional experiences in rehabilitation as to the economic feasibility of rehabilitation or reuse of the existing structure on the property and its market value for continued use after rehabilitation.
- For income-producing properties, information on annual gross income, operating and maintenance expenses, depreciation deductions and annual cash flow after debt service, current property value appraisals, assessed property valuations, real estate taxes, and any other information considered necessary by the Commission to determine whether substantial evidence of economic hardship exists.
- Remaining balance on any mortgage or other financing secured by the property and annual debt service, if any, for the previous two years.
- All appraisals obtained within the previous two years by the owner or applicant in connection with the purchase, financing, or ownership of the property.
- Amount paid for the property, if purchased within the previous thirty-six (36) months, the date of purchase, and the party from whom purchased, including a description of the relationship, if any, between the owner of record or applicant and the person from whom the property was purchased, and any terms of financing between the seller and buyer; any listing of the property for sale or rent, price asked, and offers received, if any, within the previous two (2) years.

Any other plans or information that the Development Services Director deems necessary to facilitate processing of the application.

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