



## Entrance Corridor Review Application (EC) Certificate of Appropriateness

Please Return To:  
City of Charlottesville  
Department of Neighborhood Development Services  
P.O. Box 911, City Hall  
Charlottesville, Virginia 22902  
Telephone (434) 970-3130

Staff email: [wernerjb@charlottesville.gov](mailto:wernerjb@charlottesville.gov)  
[watkinsro@charlottesville.gov](mailto:watkinsro@charlottesville.gov)

Please submit the signed application form and a digital copy of submittal and attachments (via email or thumb drive). Please include application fee as follows: New construction project \$375; Additions and other projects requiring ERB approval \$125; Administrative approval \$100. Make checks payable to the City of Charlottesville.

The Entrance Corridor Review Board (ERB) meets the second Tuesday of the month. Deadline for submittals is Tuesday 3 weeks prior to next ERB meeting by 3:30 p.m.

Owner Name \_\_\_\_\_ Applicant Name \_\_\_\_\_  
Project Name/Description \_\_\_\_\_ Parcel Number \_\_\_\_\_  
Project Street Address \_\_\_\_\_

### Applicant Information

Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: (W) \_\_\_\_\_ (C) \_\_\_\_\_

### Property Owner (if not applicant)

Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: (W) \_\_\_\_\_ (C) \_\_\_\_\_

### Signature of Applicant

I hereby attest that the information I have provided is, to the best of my knowledge, correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

### Property Owner Permission (if not applicant)

I have read this application and hereby give my consent to its submission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Description of Proposed Work (attach separate narrative if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attachments (see reverse side for submittal requirements): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **For Office Use Only**

Received by: \_\_\_\_\_

Fee paid: \_\_\_\_\_ Cash/Ck. # \_\_\_\_\_

Date Received: \_\_\_\_\_

Approved/Disapproved by: \_\_\_\_\_

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

Conditions of approval: \_\_\_\_\_  
\_\_\_\_\_