



City of Long Beach
 Long Beach Development Services
 Historic Preservation Office
 333 West Ocean Blvd., 5th floor
 Long Beach, CA 90802
 (562) 570-6194 Fax: (562) 570-6068

EXHIBIT B

CERTIFICATE OF APPROPRIATENESS Major (CHC) Project Application

Please print legibly or type		DATE: 7/27/11	PROJECT NO:	CASE NO: HP10-0234
PROJECT ADDRESS (NOT MAILING LIST): 3461 GARDENIA AVE		HISTORIC DISTRICT/LANDMARK NAME: CALIFORNIA HEIGHTS		
APPLICANT'S NAME: STEVE JONES		PROPERTY OWNER'S NAME: SAME AS APPLICANT		
APPLICANT'S ADDRESS: 1048 N HARPER AVE		PROPERTY OWNER'S ADDRESS:		
CITY, STATE, ZIP: W HOLLYWOOD, CA 90046		CITY, STATE, ZIP:		
TELEPHONE (INCLUDING AREA CODE): 323-286-7214		TELEPHONE (INCLUDING AREA CODE):		
EMAIL ADDRESS: steven@beltershelles.com		EMAIL ADDRESS:		
PRIMARY CONTACT PERSON:		<input checked="" type="checkbox"/> Applicant	<input checked="" type="checkbox"/> Property Owner	

Please check the appropriate boxes below.

Only check a box if it accurately and describes your proposed work, otherwise leave boxes blank.
 In addition, please briefly describe your project noting materials, colors, location, and type of work proposed.

Also note the reason for the requested modification.

1. PROPOSED PROJECT

- | | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Relocation | <input checked="" type="checkbox"/> Addition | <input type="checkbox"/> Signage/Awning |
| <input checked="" type="checkbox"/> Restoration/Rehabilitation | <input type="checkbox"/> Alteration | <input type="checkbox"/> Demolition | <input type="checkbox"/> Other: _____ |

2. PROJECT DESCRIPTION

ADDITION OF MASTER BEDROOM/BATHROOM (349 SQFT) TO REAR PORTION OF BUILDING.
 REPLACE SEVERELY WEATHERED SHINGLES TO MATCH EXISTING
 LIGHTLY SAND AND PAINT EXTERIOR OF PROPERTY (APPLICATION ENCLOSED)
 INSTALL FENCE IN FRONT YARD.

3. REASON FOR CHANGE(S)

ADDITION - TO BE ABLE TO ACCOMMODATE A LARGER FAMILY
 EXTERIOR RESTORATION - TO HIGHLIGHT THE HISTORICAL ARCHITECTURAL BEAUTY OF THE HOME.

TOTAL SQUARE FEET OF THIS PROJECT:	TOOLSHED	VALUATION OF WORK COVERED BY THIS APPLICATION:
COMM 5760 RES 1358 GAR 338 MISC 184		\$ 47,500

I, the undersigned, declare under penalty of perjury under the laws of the State of California that the information on this Certificate of Appropriateness application is true and correct. In addition, I understand that I cannot proceed with the environmental changes requested in this application unless and until a Certificate of Appropriateness is issued by the Cultural Heritage Commission or the Historic Preservation Officer. I further understand that neither this application nor a subsequently issued Certificate of Appropriateness supersedes the need to obtain the necessary building permits and other applicable permits under the City of Long Beach Municipal Code.

Signature:

Date: 8/1/11

FOR DEPARTMENT USE ONLY BELOW THIS LINE

CEQA Review:	<input type="checkbox"/> Exempt	<input type="checkbox"/> Pending	<input type="checkbox"/> Completed (note type):	<input type="checkbox"/> Submittal Complete	COA Fee: \$
Reviewed By: _____	Date: _____	<input type="checkbox"/> Submittal Incomplete	9.3% Surcharge: \$	<input type="checkbox"/> CHC Date: _____	TOTAL: \$

This information is available in an alternative format by request to the Development Services Center at (562) 570-6651 or (562) 570-6793 TDD - Visit our website at www.longbeach.gov/plan



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CERTIFICATE OF APPROPRIATENESS

Exterior Painting Application

Please print legibly or type		DATE: 7/27/11	PROJECT NO:	CASE NO: HP10-
PROJECT ADDRESS (NOT MAILING LIST): 3161 GARDENWAY AVE		HISTORIC DISTRICT/LANDMARK NAME: CALIFORNIA HEIGHTS		
APPLICANT'S NAME: STEVE JONES		PROPERTY OWNER'S NAME: STEVE JONES		
APPLICANT'S ADDRESS: 1048 N HARPER AVE		PROPERTY OWNER'S ADDRESS: 1048 N HARPER AVE		
CITY, STATE, ZIP: W HOLLYWOOD, CA 90046		CITY, STATE, ZIP: W HOLLYWOOD, CA 90046		
TELEPHONE (INCLUDING AREA CODE): 323-286-7214		TELEPHONE (INCLUDING AREA CODE): 323-286-7214		

Please check the appropriate boxes below.
Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.
See other side for additional information.

1. ARCHITECTURAL STYLE OF DWELLING: (Note style of the existing dwelling proposed for repainting)

- | | |
|--|--|
| <input type="checkbox"/> Italianate
<input type="checkbox"/> Queen Anne
<input type="checkbox"/> American Foursquare
<input type="checkbox"/> Mass Plan Vernacular
<input type="checkbox"/> Transitional Bungalow/Shingle
<input type="checkbox"/> Craftsman/Bungalow
<input type="checkbox"/> Bungalow
<input type="checkbox"/> Prairie
<input type="checkbox"/> Folk Victorian
<input type="checkbox"/> French Eclectic/Chateausque | <input type="checkbox"/> Art Deco/Streamline Moderne
<input type="checkbox"/> Gothic Revival
<input type="checkbox"/> Colonial Revival
<input type="checkbox"/> Spanish/Mission Revival
<input type="checkbox"/> Tudor/English Revival
<input checked="" type="checkbox"/> Neo-Traditional (Minimal Traditional)
<input type="checkbox"/> Ranch
<input type="checkbox"/> International
<input type="checkbox"/> Post and Beam
<input type="checkbox"/> Other: _____ |
|--|--|

2. EXTERIOR COLORS: (Note proposed colors and locations)

- Body of House: ↑ MARATHA STEWART LIVING - POPCORN MSLS254 Field + trim switch
 Trim: " - CEMENT GRAY MSLS266
 Highlight:
 Other: FRANT DOOR - MARATHA STEWART LIVING - YELLOW GERBERA MSLS062

3. SANDBLASTING INFORMATION:

- a. Y N Permit for sandblasting being sought at this time? Sandblasting is not approved for any wood or brick elements.

4. OPTIONAL SUBMITTAL MATERIALS: (attach to form)

- a. Y N Current photograph of property
 b. Y N Proposed color/material samples
 c. Y N Illustration/identification of location for proposed colors/materials (see No. 2 above)

5. VALUATION AMOUNT:

Valuation of Work Covered by this Application \$2,500

I, the undersigned, declare under penalty of perjury under the laws of the State of California that the information on this application is true and correct.

Signature: _____

Date: _____

FOR DEPARTMENT USE ONLY BELOW THIS LINE

Issued By: _____	Date: _____	<input type="checkbox"/> Approved	COA Fee: \$
		<input type="checkbox"/> Denied	9.3% Surcharge: \$
		<input type="checkbox"/> Referred to HPO	TOTAL: \$

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