



Landmarks Certificate of Appropriateness & Overlay District Permit

Louisville Metro Planning & Design Services

Case No.: 18COA1108 Intake Staff: NH RECEIVED
Date: 5/18/18 Fee: Ø MAY 18 2018
PLANNING & DESIGN SERVICES

Instructions:

For detailed definitions of *Certificate of Appropriateness* and *Overlay District Permit*, please see page 4 of this application. Applications for *Signage* are no longer submitted to Planning & Design Services. Applications for Signage are to be made directly to the Construction Review Division.

Project Information:

Certificate of Appropriateness: ☐ Butchertown ☐ Clifton ☒ Cherokee Triangle ☐ Individual Landmark
☐ Limerick ☐ Old Louisville ☐ Parkland Business ☐ West Main Street

Overlay Permit: ☐ Bardstown/Baxter Ave Overlay (BRO) ☐ Downtown Development Review Overlay (DDRO)
☐ Nulu Review Overlay District (NROD)

Project Name: NEW CARRIAGE HOUSE

Project Address / Parcel ID: 1215 CHEROKEE RD. LOUISVILLE, 40204

Deed Book(s) / Page Numbers²: _____

Total Acres: _____

Project Cost: \$130,000

PVA Assessed Value: _____

Existing Square Feet: Ø New Construction Square Feet: 1,100 Height (ft.): 21-4 Stories: 2

Project Description (use additional sheets if needed):

BUILD (2 STORY GARAGE) "CARRIAGE HOUSE" WITH 2ND FL DECK
THREE CAR GARAGE AREA
SIDING TO BE "BOARD & BATT" USING 4'x10' "HANDIE BOARD"
PANELS AND CEDAR BATT
MARVIN WINDOWS PER PLAN
CARRIAGE STYLE OVER-HEAD DOORS
NO BUILDINGS OCCUPY PROPOSED BUILDING SPACE:
EXISTING: PARKING PAD

18COA1108

Contact Information:

Owner: ☐ Check if primary contact

Applicant: ☒ Check if primary contact

Name: DAVID KLAPHAAK

Name: Jim Phillips

Company: /

Company: Jim Phillips RESTORATION & REMODELING

Address: 1215 CHEROKEE RD.

Address: 1007 E. JEFFERSON ST.

City: Louisville State: Ky Zip: 40204

City: Louisville State: Ky Zip: 40206

Primary Phone: 502 991-1282

Primary Phone: (502) 664-8161

Alternate Phone: N/A

Alternate Phone: (502) 583-4501

Email: David Klaphaak@yahoo.com

Email: JPhillips@earthlink.net

Owner Signature (required): David Klaphaak

(earthlink)

Attorney: ☐ Check if primary contact

Plan prepared by: ☐ Check if primary contact

Name: _____

Name: Jim Phillips

Company: _____

Company: (ABOVE)

Address: _____

Address: "

City: _____ State: _____ Zip: _____

City: " State: " Zip: "

Primary Phone: RECEIVED

Primary Phone: 664-8161

Alternate Phone: MAY 18 2018

Alternate Phone: 583-4501

Email: PLANNING & DESIGN SERVICES

Email: JPhillips@earthlink.net

Certification Statement: A certification statement must be submitted with any application in which the owner(s) of the subject property is (are) a limited liability company, corporation, partnership, association, trustee, etc., or if someone other than the owner(s) of record sign(s) the application.

I, _____, in my capacity as _____, hereby
representative/authorized agent/other

certify that _____ is (are) the owner(s) of the property which
name of LLC / corporation / partnership / association / etc.

is the subject of this application and that I am authorized to sign this application on behalf of the owner(s).

Signature: _____ Date: _____

I understand that knowingly providing false information on this application may result in any action taken hereon being declared null and void. I further understand that pursuant to KRS 523.010, et seq. knowingly making a material false statement, or otherwise providing false information, is a criminal offense.

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FACING EAST FROM 1215 CHEROKEE, HWY

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(1215) SITE @ LEFT FORKROUND → FACING WEST

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1215 CATEROCKE RD FROM ALLEY

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OPPOSITE ALLEY VIEW

18060A1108