



HISTORIC PRESERVATION COMMISSION

Wake Forest Town Hall – 3rd Floor
301 S Brooks Street
Wake Forest, NC 27587
P: 919-435-9510 | F: 919-435-9539
www.wakeforestnc.gov

CERTIFICATE OF APPROPRIATENESS

GENERAL INFORMATION:

Project Contact - Property Owner

Tara Parris

605 N. Main Street
Wake Forest, NC 27587
P:9195393841
tara.parris97@gmail.com

Project Contact - Applicant

Tara Parris

605 N. Main Street
Wake Forest, NC 27587
P:9195393841
tara.parris97@gmail.com

PROJECT INFORMATION:

The following statement & documents are provided for the use in the review of this application. (Attach photographs, slides, drawings, plans, renderings, materials, cut sheets, etc. to give as much information as possible to show that the proposed work complies with the standards set forth in the UDO and Historic District Design Guidelines –please attach additional sheets if needed).

Property Address/Location: 605 N Main St (1841549841)

Long Tax PIN(s): 1841549841

Zoning Classification:

Land Use(s): Land Use Development

- 605 N Main St: Residential

Description of proposed work:

We would like to submit this COA for the following:

- Repair / replace front porch rot
- Repair / replace back porch rot
- Replace membrane roof
- Repair Shed rot

CONDITIONS:

1. For the front porch rot, back porch rot, and accessory building, per the historic district design standards for exterior wood walls, trim, and ornamentation, exterior entrances and porches, and accessory buildings:

- a) Repair in-kind matching the original in regard to material, dimension, size, shape, thickness, profile, and texture.
- b) Replace original features only when it is deteriorated beyond repair. Replace only the deteriorated or damaged portion in-kind matching the original in material, dimension, size, shape, thickness, profile, and texture.

2) Replace the membrane roof on the rear addition in kind to match the existing as closely as possible in regard to material, shape, thickness, profile, texture, and color.

3) Any changes to the project will require additional review and approval.

APPROVAL:

Michelle Michael _____

Michelle Michael _____

3/13/24 _____

(Staff Liaison / HPC Secretary Print Name)

(Staff Liaison / HPC Secretary Signature)

(Date)

Date Received: 3/12/24	HPC Meeting Date: N/A	COA Number: 24-03
-------------------------------	------------------------------	--------------------------