Landmarks Heritage Preservation Commission (LHPC)

Certificate of Approval (COA)

SMALL WIRELESS FACILITY (SWF) APPLICATION - HISTORIC AREAS

Return To: City of Omaha Planning Department
Omaha/Douglas Civic Center
1819 Farnam Street, Suite 1100
Omaha, Nebraska 68183

COA applications must be approved prior to the issuance of any Permit by the Omaha P&I Division or Planning Department. The Historic Guidelines shall be used to review all applications in qualifying historic areas, in accordance with OMC 56-11 (12).

1. Property Address ___________________________________________ PIN: ____________________________
   Historic Name ___________________________ Zoning: ___________________________

2. Property Owner
   Name ______________________________________ Address ___________________________ Zip ___________________________
   Email ______________________________________ Phone ___________________________
   Applicant
   Name ______________________________________ Address ___________________________ Zip ___________________________
   Email ______________________________________ Phone ___________________________

3. Authorization  □ Owner  □ Applicant  Signature ___________________________ Date __________
   (Applicant certifies with this signature to be an authorized agent of property owner – with authority to represent the request.)

4. Omaha Local Landmark:  □ Individual Property:  □ Historic District:  □
   National Register of Historic Places:  □ Individual Property:  □ Historic District:  □ Parks & Boulevard System:  □
   
   Total Number of Sites _________________ *List additional sites on a separate sheet to submit with the application.

   1. Address: ____________________________________________ 4. Address: ____________________________________________
   2. Address: ____________________________________________ 5. Address: ____________________________________________
   3. Address: ____________________________________________ 6. Address: ____________________________________________

(for LHPC office use only)

   COA UPON RECEIPT:  □ Complete ____________________________  □ Incomplete ____________________________

   □ APPROVED: consistent with criteria.
   □ APPROVED, SUBJECT TO CONDITIONS: Requires final authorization by staff.
   □ DENIED: not consistent with criteria.

   Received by: ____________________________
   COA No. ____________________________
   LHPC date (if applicable): ____________________________

   □ Date ____________________________ LHPC Authorized Signature ____________________________

   NOTICE: ALL OTHER FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS REMAIN APPLICABLE, INCLUDING PROVISIONS OF THE OMAHA MUNICIPAL CODE.