

PAINTING (COLOR CHANGE) APPLICATION

LAUREL HISTORIC PRESERVATION COMMISSION

Please staple paint chips showing the colors you propose to use in the appropriate places:

MAIN COLOR: (If applicable)	1 st Choice	2 nd Choice	3 rd Choice
	_____	_____	_____
	Color Name	Color Name	Color Name
	_____	_____	_____
	Brand & #	Brand & #	Brand & #
TRIM #1: (If applicable)	_____	_____	_____
	Color Name	Color Name	Color Name
	_____	_____	_____
	Brand & #	Brand & #	Brand & #
TRIM #2: (If applicable)	_____	_____	_____
	Color Name	Color Name	Color Name
	_____	_____	_____
	Brand & #	Brand & #	Brand & #
TRIM #3: (If applicable)	_____	_____	_____
	Color Name	Color Name	Color Name
	_____	_____	_____
	Brand & #	Brand & #	Brand & #

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Material to be painted (Mark all applicable): Wood ____ Brick ____ Stone ____
Stucco ____ Metal ____ Other _____
(Specify)

Estimated Date Work to Begin: _____

Estimated Completion Date: _____

Signature: _____ Date: _____