



CERTIFICATE OF APPROPRIATENESS PLACARD

for Raleigh Historic Resources

Project Description:

Install fence; remove dead/diseased/dangerous tree; plant replacement tree

705 Florence St
623 W South St

Address

Boylan Heights

Historic District

Historic Property

COA-0030-2026

Certificate Number

3/4/2026

Date of Issue

3/4/2027

Expiration Date

This card must be kept posted in a location within public view until all phases of the described project are complete. The work must conform with the code of the City of Raleigh and laws of the state of North Carolina. When your project is complete, you are required to ask for a final zoning inspection in a historic district area. Telephone the RHDC office at 832-7238 and commission staff will coordinate the inspection with the inspections Department. If you do not call for this final inspection, your Certificate of Appropriateness is null and void.

Signature, _____

A handwritten signature in black ink, appearing to read "Collette K.", is written over a horizontal line.

Raleigh Historic Development Commission

Pending the resolution of appeals, commencement of work is at your own risk.

Type or print the following:

Applicant name: **Maureen and Kevin Bowman**

Mailing address: **705 Florence St**

City: **Raleigh**

State: **NC**

Zip code: **27603**

Date: **03/04/2026**

Daytime phone #: **[REDACTED]**

Email address: **[REDACTED]**

Applicant signature: **see signature on residential permit**

Minor work (staff review) – one copy
 Major work (COA committee review) – ten copies

- Additions > 25% of building sq. footage
- New buildings
- Demolition of building or structure
- All other

Post approval re-review of conditions of approval

Office Use Only

Transaction #: _____

File #: **COA-0030-2026**

Fee: _____

Amount paid: _____

Received date: _____

Received by: _____

Property street address: **705 Florence St**

Historic district: **Boylan Heights Historic Overlay District**

Historic property/Landmark name (if applicable):

Owner name: **Kevin and Maureen Bowman**

Owner mailing address: **705 Florence St**

For applications that require review by the COA Committee (major work), provide addressed and stamped envelopes for owners for all properties with 100 feet on all sides of the property, as well as the property owner.

Property Owner Name & Address	Property Owner Name & Address

I understand that all major work applications that require review by the Raleigh Historic Development Commission's COA Committee must be submitted by 4 p.m. on the date of the application deadline; otherwise, consideration will be delayed until the following committee meeting. An incomplete application will not be accepted.

<p>Will you be applying for rehabilitation tax credits for this project? Yes No</p> <p>Did you consult with staff prior to filing the application? <input checked="" type="radio"/> Yes No</p>	<p style="text-align: right;">Office Use Only</p> <p>Type of work: _____</p> <p>_____</p>
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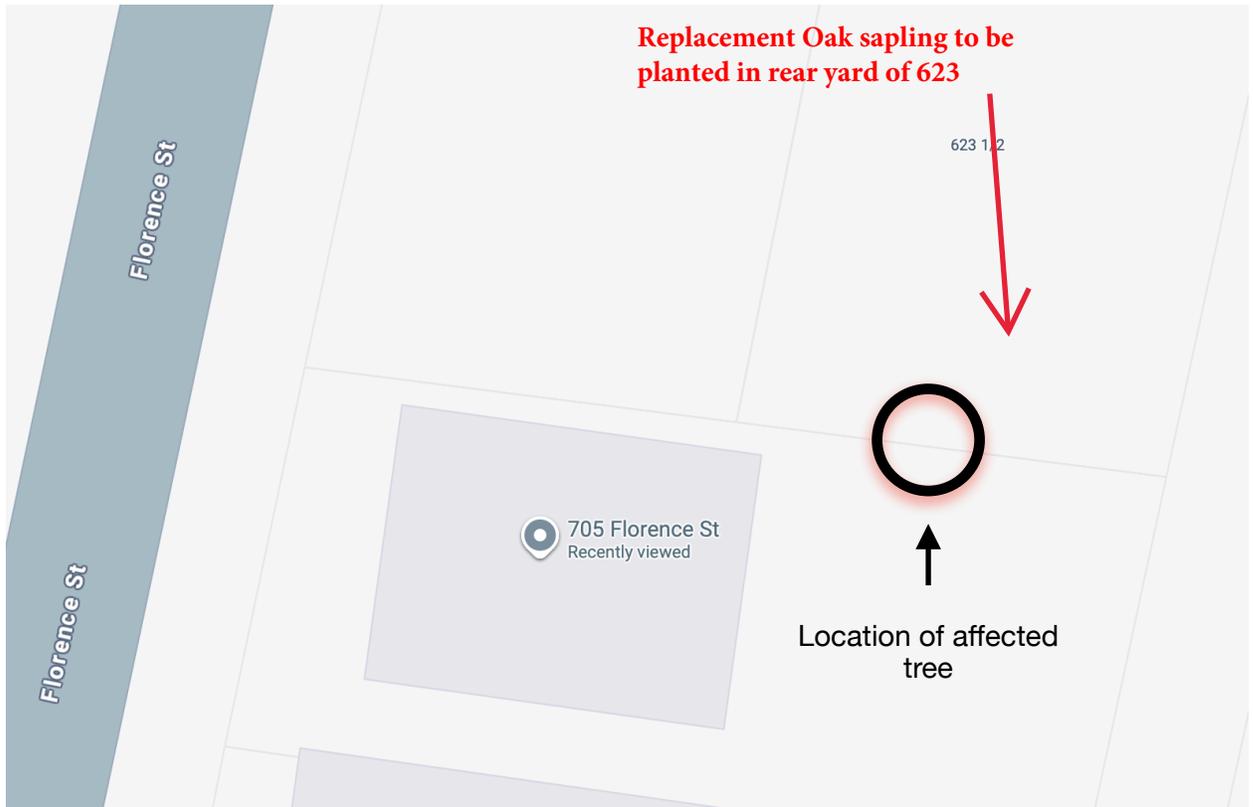
Design Guidelines: please cite the applicable sections of the design guidelines (www.rhdc.org).		
Section/Page	Topic	Brief description of work (attach additional sheets as needed).

Minor Work Approval (office use only)	
<p>Upon being signed and dated below by the Planning Director or designee, this application becomes the Minor Work Certificate of Appropriateness. It is valid until <u>03/04/2027</u></p>	
<p>Please post the enclosed placard form of the certificate as indicated at the bottom of the card. Issuance of a Minor Work Certificate shall not relieve the applicant, contractor, tenant, or property owner from obtaining any other permit required by City Code or any law. Minor Works are subject to an appeals period of 30 days from the date of approval.</p>	
<p>Signature (City of Raleigh) <u>Collette K</u></p>	<p>Date <u>03/04/2026</u></p>





Tree is dead/
diseased/
dangerous
per Urban
Forestry
evaluation

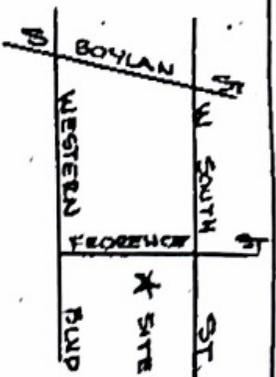


Replacement Oak sapling to be planted in rear yard of 623

623 12

705 Florence St
Recently viewed

Location of affected tree

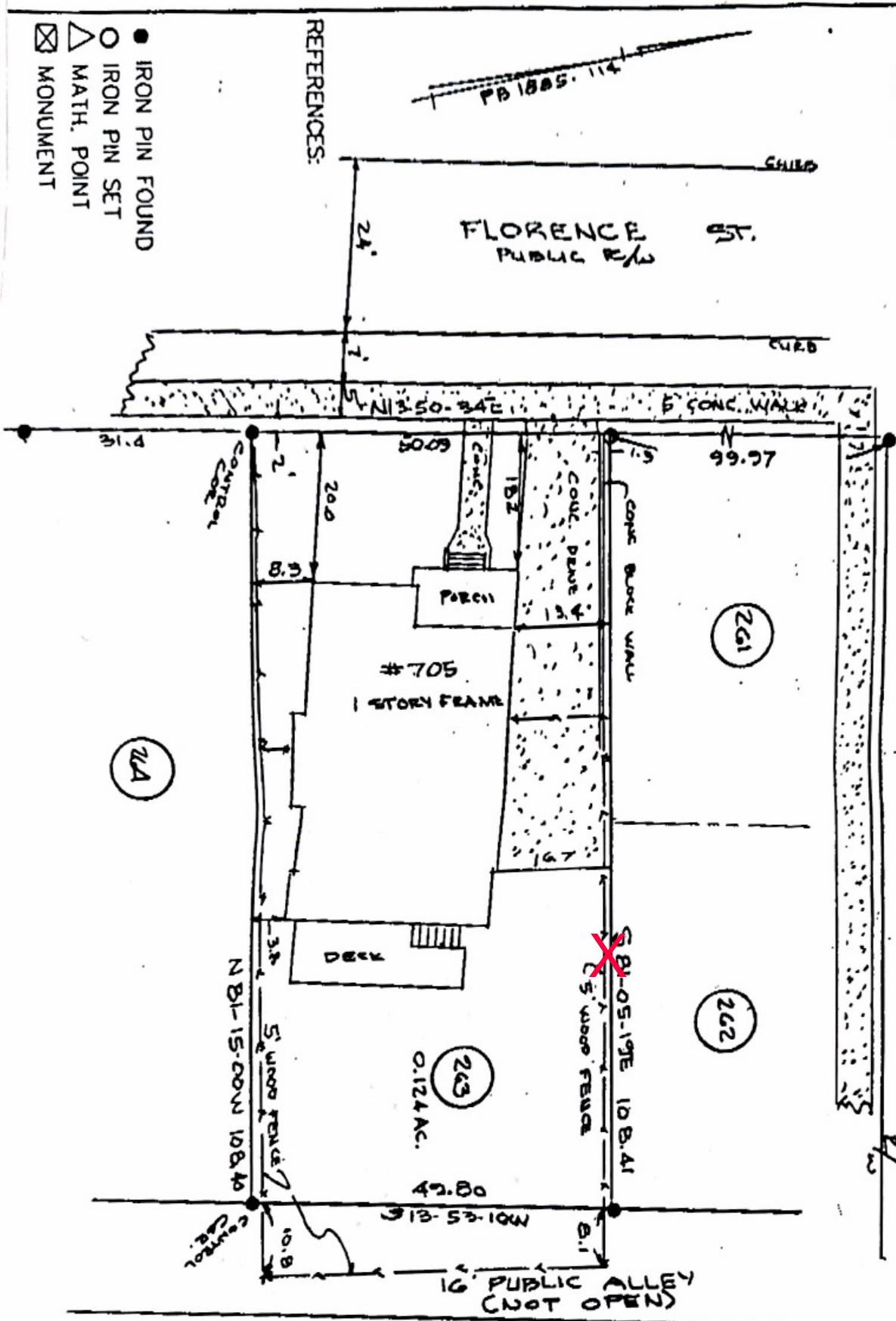


VICINITY MAP
NOT TO SCALE

W. SOUTH ST.
PUBLIC R/W

- IRON PIN FOUND
- IRON PIN SET
- △ MATH. POINT
- ⊗ MONUMENT

REFERENCES:

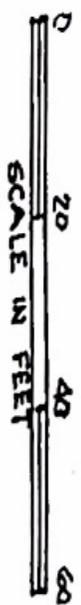


I, JERRY L. HUNT DO CERTIFY THAT THE PROPERTY ON THIS PLAT IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

THIS DAY OF August 2014
 Jerry L. Hunt
 PROFESSIONAL LAND SURVEYOR L-1225

I, JERRY L. HUNT, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION RECORDED IN BOOK 225 PAGE 225. THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK PAGE 225. THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000. THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS DAY OF August A.D. 2014.

SURVEYOR *Jerry L. Hunt*
 REGISTRATION NUMBER L-1225



JERRY L. HUNT LAND SURVEYOR
 P.O. BOX 71032 DURHAM, N.C. 27722
 TELEPHONE (919) 477-3624

SURVEY FOR
 KEVIN M. BOWMAN
 RALEIGH, N.C.

SCALE: 1"=20' DATE: 8.08.2014 JOB#: 15690



Residential Permit Application

Planning and Development Customer Service Center | One Exchange Plaza, Suite 400 | Raleigh, NC 27601 | 919-996-2500

Submit this form to DowntownDS@raleighnc.gov when applying for select residential building or zoning permits for single-family or two-family homes. To find out if your project requires this application, refer to [Residential Permits](#).

GENERAL INFORMATION			
*Project Contact:Kevin_Bowman		Application Date:10/2/25	
Email: [REDACTED]	Phone: [REDACTED]		
Property Owner:Kevin Bowman			
Email: [REDACTED]	Phone: [REDACTED]		
*The name listed as project contact will be the primary contact within the Permit and Development Portal for the submitted project.			
PROJECT INFORMATION			
Project Address:			
Select the primary type of work: <input type="checkbox"/> Accessory Structure less than 12 ft. in any dimension <input type="checkbox"/> *Change of Use <input type="checkbox"/> *Changeouts <input type="checkbox"/> *Single Trade Permits <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Water/Sewer Service <input checked="" type="checkbox"/> Other: <u>Fence/Tree</u>			
Provide a detailed project description: There is a dead tree in the middle of the fence along the north property line of 705 Florence St and 623 W South St. We are requesting to remove this dead tree and rebuild the fence. Our neighbor, Mayor Janet Cowell, at 623 W. South Street plans to plant a new tree in her yard.			
*Select Change of Use if you are planning to convert a finished space, unfinished space, or existing detached garage to an Accessory Dwelling Unit (ADU). See ADU Change of Use to determine if your project qualifies.			
*Use this application for changeouts and single trade permits only if the project is located in proximity to a flood-prone area. Please refer to the Permit and Development Portal to apply for all other permits.			
Site Information			
Does this project qualify as a frequent transit development option? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Overlay District:	
		Existing Impervious Surface: sq.ft.	
*Will impervious surface change? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Proposed Total Impervious Surface: sq.ft.	
		Total Disturbed Area: sq.ft.	
*Any material that significantly reduces and prevents natural infiltration of water into the soil. For more information see Article 12.2 of the Unified Development Ordinance .			
Cost Information			
Total Construction Cost: \$		Total Electrical Cost: \$	
CONTRACTOR INFORMATION			
Contractors or contractor companies must be registered in the Permit and Development Portal before managing a project, paying fees, or scheduling inspections. See final review for project approval requirements. Use the Contractor Addendum Form if contractors are not listed on this application.			
Building		Site/Zoning/Other	
*Contractor:		Contractor:	
Email:		Email:	
Address:		Address:	
NC License #:	Phone:	NC License #:	Phone:
*NC law requires the appointment of a lien agent for contractors/subcontractors when they are working on a project. Lien agent appointments are not required for improvements under \$40,000, to the owner's existing residence, or for public building projects. For more information, visit www.liensnc.com .			
Electrical		Plumbing Utility	
Voltage: <input type="checkbox"/> Over 600 <input type="checkbox"/> 600 or less <input type="checkbox"/> Low Voltage		Applicable to water/sewer from right-of-way to foundation	
Contractor:		Contractor:	
Email:		Email:	
Address:		Address:	
NC License #:	Phone:	NC License #:	Phone:

Plumbing (For fuel piping work, fill out Mechanical)		Plumbing (NFPA 13D Res Sprinklers)	
Contractor:		Contractor:	
Email:		Email:	
Address:		Address:	
NC License #:	Phone:	NC License #:	Phone:
Mechanical			
Work Includes: <input type="checkbox"/> Appliances <input type="checkbox"/> Ducts <input type="checkbox"/> VIMS/Radon <input type="checkbox"/> Fuel Piping <input type="checkbox"/> Other _____			
Type of Heating: <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Hot Water <input type="checkbox"/> Oil <input type="checkbox"/> Other _____			Air condition size: _____ Tons
Contractor:		NC License #:	
Email:		Phone:	
Address:			
Plumbing and Mechanical Changeout Questions			
*If work consists of an A/C unit or water heater replacement only, is either equipment:		*If the scope of the proposed work consists of replacement of existing plumbing or mechanical equipment only and the answer to ANY of the above questions is "No" then a tier one site plan is required.	
The same type as existing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
The same size or smaller than existing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Located in same location as existing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Utility: Meter			
This permit is for establishing new water or sewer service at a parcel that has not previously been served. The City will not install services where roadway width is greater than 45' or for new construction. Contractor installed connections require stub permits and may also require right-of-way permits .			
Will this be a city-installed tap? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Contractor:		Meter Type	Meter Size
Email:	Phone:	<input type="checkbox"/> Individual	<input type="checkbox"/> 5/8 inch <input type="checkbox"/> 1 inch <input type="checkbox"/> Other
Address:		<input type="checkbox"/> Irrigation	<input type="checkbox"/> 5/8 inch <input type="checkbox"/> 1 inch <input type="checkbox"/> Other
Service Type: <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Irrigation <input type="checkbox"/> Split		<input type="checkbox"/> Other _____	<input type="checkbox"/> 5/8 inch <input type="checkbox"/> 1 inch <input type="checkbox"/> Other
Utility: Stub			
Contractor:		NC License #:	
Email:		Phone:	
Address:			
Choose Type	Size	Proposed Stub Location	
<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Irrigation	<input type="checkbox"/> 3/4 inch <input type="checkbox"/> 1 inch <input type="checkbox"/> Other	Is this stub in the right-of-way? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Irrigation	<input type="checkbox"/> 3/4 inch <input type="checkbox"/> 1 inch <input type="checkbox"/> Other	Is this stub in the right-of-way? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Irrigation	<input type="checkbox"/> 3/4 inch <input type="checkbox"/> 1 inch <input type="checkbox"/> Other	Is this stub in the right-of-way? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE			
The undersigned applicant hereby authorizes the filing of this application (and any subsequent revisions thereto) and confirms having obtained permission from the property owner/occupant for the application and the City's entry onto the property, if applicable. Additionally, the undersigned authorizes City of Raleigh representatives to conduct inspections or evaluations to ensure compliance with relevant laws and rules.			
Furthermore, the undersigned certifies that all information provided with this application and any attached documents is true, accurate, and complete to the best of their knowledge and belief. Any false information may result in rejection of the application or revocation of the permit or plan. The undersigned assumes sole responsibility for properly identifying and labeling all property lines and corners and ensuring site accessibility.			
The undersigned acknowledges that the application and any resulting permits or communications are subject to disclosure under the North Carolina Public Records Act. Moreover, the undersigned confirms the property owner's awareness of the application and pledges adherence to submitted plans and specifications in accordance with the City of Raleigh Unified Development Ordinance. Lastly, pursuant to state law N.C.G.S. 143-755(b1), the undersigned acknowledges that failure to respond to city requests or holding the permit application on hold for six consecutive months or more will result in the cessation of review, requiring a new application under current regulations upon resumption of processing.			
Additionally, by submitting this application, the undersigned confirms either being the property owner or an authorized party as defined by N.C.G.S. 160D-403(a), certifying the accuracy of the information provided. Acting as an authorized agent requires written permission from the property owner for the purposes of making this development approval and/or permit application. Written permission from the property owner to act as an authorized agent must be made available to the City of Raleigh upon request. False statements may lead to revocation of development approvals under N.C. Gen. Stat. § 160D-403(f).			
Applicant Name: Kevin Bowman			
Email: [REDACTED]		Phone: [REDACTED]	
Applicant Signature: 		Date: 10/2/25	