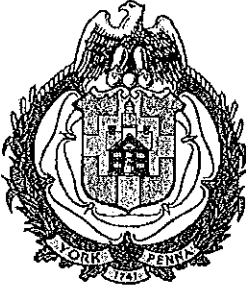


CITY OF YORK, PENNSYLVANIA



H A R B

HISTORICAL ARCHITECTURAL REVIEW BOARD

APPLICATION FOR A CERTIFICATE OF APPROPRIATENESS

INSTRUCTIONS:

All applicants must complete sections I through VIII, and signatures. Please print legibly and complete all sections that relate to your proposed work. All applications must include photographs of building elevations visible from the public ways and other relevant supporting materials such as indicated throughout this application or requested by City staff and/or the HARB Consultant.

Applications cannot be processed without thorough explanations and adequate supporting materials.

Detailed documentation must accompany the application. Applications must be received by the City of York Bureau of Permits, Planning & Zoning at One Marketway West, Third Floor, York, PA 17401 at least eight (8) calendar days prior to the next schedule HARB meeting. Call PP&Z at 717-849-2256, or Historic York, Inc. at 717-843-0320 with any questions regarding this form or the HARB process.

Official Use Only

HARB APPLICATION NUMBER: # _____ Date received _____

I. Property Address:

Street Address: _____

II. Applicant Information:

Name: _____ Phone _____

Address: _____ Fax # _____

City: _____ State: _____ Zip Code _____

Applicant's Capacity (Owner, Lessee, Agent): _____

III. Owner Information: *(If different from applicant)*

Name: _____ Phone _____
Address: _____ Fax # _____
City: _____ State: _____ Zip Code _____

IV. Contractor/Developer Information:

Company Name: _____ Phone _____
Contact Name: _____ Phone _____
Address: _____
City: _____ State: _____ Zip Code _____

V. Design Professional of Record:

Company Name: _____ Phone _____
Contact Name: _____ Title _____
Address: _____
City: _____ State: _____ Zip Code _____

VI. DESCRIBE THE PROJECT: *(Check all that may apply)*

1. New Construction / Additions

- Addition(s)
- New Construction

2. Alterations / Rehabilitation

- Storefront
- Roof / chimney / cornice
- Walls / Siding
- Doors
- Windows
- Porch / Stoop / Stairs / Railings
- Paint / Finishes
- Masonry / Repointing
- Exterior cleaning
- Walls / Gates / Fences

3. Repair / Replacements

- Storefront
- Roof / chimney / cornice
- Walls / Siding
- Doors
- Windows
- Porch / Stoop / Stairs / Railings
- Paint / Finishes
- Masonry / Repointing
- Exterior cleaning
- Walls / Gates / Fences

4. Signs / Awnings / Lighting

New Sign
 Existing Sign
Repairs _____
Replacement _____
Rehabilitation _____

New awning or canopy
 Existing awning or canopy
Repairs _____
Replacement _____
Rehabilitation _____

Lighting of the building
 External sign illumination
 Street or area lighting

5. Building Relocation / Demolition

Relocation, Indicate final location
 Demolition, Indicate proposed use

6. Other _____ Describe in section VII.

VII. Please provide a detailed description of your project:

VIII. OTHER INFORMATION YOU FEEL HARB SHOULD CONSIDER:

By my/our signatures hereon, I/we hereby certify that the designated work on the subject property is authorized by the legal owner(s) and that I/we agree to comply with all applicable laws, ordinances, and regulations pertaining to the work. I/we understand that false or misleading statements herein could result in denial of the application, civil or criminal penalties, and/or revocation of permits issued pursuant to the proposed work.

I/we hereby acknowledge that work will not commence prior to final approval by York City Council.

Signature of Responsible Party

_____ **Date** _____

Owner Contractor Developer Design Professional (check applicable title)

Please print name _____ **Title** _____

For official use only

IX. HARB ACTION

Meeting Date: _____

_____ Recommend Approval as Presented _____ Recommend Approval with Conditions
_____ Recommend Denial **Vote:** _____ For _____ Against _____ Recused
_____ Tabled Reason _____

Comments _____

X. ACTION OF CITY COUNCIL

Council Meeting Date _____

York's City Council _____ Approved _____ Denied _____ Tabled a Certificate of Appropriateness.

Comments _____

XI. RECORD OF EVENTS

PP&Z received application for a certificate of appropriateness Date _____

HARB consultant provided Staff Review _____, Date _____

HARB reviewed application for the Certificate of Appropriateness Date _____

City Council

Received Recommendation from HARB _____ Date of Council Meeting _____

Denial: Letter to Applicant _____ Approval: Certificate of Appropriateness _____

Building Code Official:

Building Permit Issued _____ Permit # _____ Revoked _____

Refer to Permits, Planning, and Zoning for a record of inspections performed and results of inspections.

Final inspection by _____ Date _____

Verification of proper application according to the Certificate of Appropriateness Initials _____

Final comments (attach separate sheet as needed)
