Certificate of Appropriateness Application

PROPERTY / PROJECT INFORMATION:

Property Address: ____________________________________________________________

Tax Map ID: __________________________ Year of Original Construction: __________

DESCRIPTION OF PROPOSED CHANGES:

(Note: Please describe proposed architectural changes and additions, paint colors, typeface styles (for signs), and materials to be used. Attach architectural drawings/photos, if possible—insert photos electronically as additional pages to this application. All changes and additions must be consistent with the existing character of the structure. Samples of appropriate colors and typeface styles are on file at the office of the Building Inspector/Code Enforcement Officer. All changes must conform to the United States Secretary of the Interior’s Standards for Historic Preservation. A copy is on file in the office of the BI/CEO and is online at http://nps.gov/hps/tps/standguide)

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Purpose for desired changes & additional supporting information:

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Certification of Statements:

NOTE The Historic Preservation Board expects to review your proposal expeditiously, at a special meeting, if necessary. You may meet with the Board at our mutual convenience, if you wish, and the HPB may invite you to do so. We thank you for your participation in Brockport’s historic preservation program.

The applicant(s) hereby affirm that the above information is accurate and complete to the best their knowledge and he/she/they is/are the title owner(s) of the property or has/have been authorized by the title owner(s) to make this application.

Applicant Signature: ____________________________________________________________

Applicant Name Printed/Typed: ________________________________________________

Mailing Address: ______________________________________________________________

City / State / Zip: ______________________________________________________________

Phone: ___________________________ Fax: ___________________________

E-Mail: ________________________________________________________________

FOR OFFICE USE ONLY

Commentary/Justification from HPB:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Decision Made:

Approved_______ Denied_________ More info needed__________

Date Received: ______________
Date Reviewed: ______________
Confirmation sent: ______________
Copies filed by: ____________________________________________