Certificate of Appropriateness Application

PRINT OR TYPE 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)
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:

__________________________________________________________

__________________________________________________________

__________________________________________________________

Date Received: ________________________________

Date Reviewed: ________________________________

Confirmation sent: ________________________________

Copies filed by: ____________________________________________

Decision Made: Approved_________ Denied_________ More info needed_________