

## VILLAGE OF BROCKPORT Historic Preservation Board

49 State Street Brockport, NY 14420 Tel: (585) 637-5300 Fax: (585) 637-1045

Web Site: www.brockportny.org

## **Certificate of Appropriateness Application**

## PRINT OR TYPE APPLICATION

PROPERTY / PROJECT INFORMATION	ON:
Property Address:	
Tax Map ID:	Year of Original Construction:
DESCRIPTION OF PROPOSED CHANG	GES:
Attach architectural drawings photos, if possible—i additions must be consistent with the existing character the office of the Building Inspector Code Enforceme	iges and additions, paint colors, typeface styles (for signs), and materials to be used, insert photos electronically as additional pages to this application. All changes and cter of the structure. Samples of appropriate colors and typeface styles are on file at ont Officer. All changes must conform to the United States Secretary of the Interior's le in the office of the BI CEO and is online at http://nps.gov/hps/tps/standguide)

PURPOSE FOR DESIRED CHANGES & ADDITIONAL SUPP	PORTING INFORMATION:
Certification of Statem	ents:
NOTE The Historic Preservation Board expects to review your princeessary. You may meet with the Board at our mutual conveniend do so. We thank you for your participation in Brockport's historic  The applicant(s) hereby affirm that the above information is accurate and comp	ce, if you wish, and the HPB may invite you to preservation program.
is/are the title owner(s) of the property or has/have been authorized by the title  Applicant Signature:	owner(s) to make this application.
Applicant Name Printed/Typed:	
Mailing Address:	
City / State / Zip:	
E-Mail:	
FOR OFFICE USE ONLY	
Commentary/Justification from HPB:	Date Received:
	Date Reviewed:
	Confirmation sent:
Decision Made:	Copies filed by:
Approved Denied More info needed	