



CITY OF YORK, PENNSYLVANIA

HISTORICAL ARCHITECTURAL REVIEW BOARD

HARB Application for a Certificate of Appropriateness

DATE CITY RECEIVED: _____

DATE HYI RECEIVED: _____

INSTRUCTIONS: All applicants must complete sections I through VII and sign. 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 as 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 101 South George Street, York, PA, 17401 at least eight (8) calendar days prior to the next scheduled HARB meeting. Call PP&Z at 717-849-2256 or Historic York at 717-843-0320 with any questions regarding this form or the HARB process.

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**I. PROJECT STREET ADDRESS:** \_\_\_\_\_

**II. APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

**III. OWNER INFORMATION** *(If different from applicant):*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

**IV. CONTRACTOR/DEVELOPER/DESIGN PROFESSIONAL OF RECORD:**

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

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

- |                                                                         |                                                      |                                                     |
|-------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| 1. New Construction/Additions:                                          | <input type="checkbox"/> Additions                   | <input type="checkbox"/> New Construction           |
| 2. Alterations/Rehabilitation:                                          |                                                      |                                                     |
| <input type="checkbox"/> Doors                                          | <input type="checkbox"/> Porch/Stoop/Stairs/Railings | <input type="checkbox"/> Windows                    |
| <input type="checkbox"/> Exterior Cleaning                              | <input type="checkbox"/> Roof/chimney/cornice        | <input type="checkbox"/> Walls/siding               |
| <input type="checkbox"/> Masonry/Re-Pointing                            | <input type="checkbox"/> Storefront                  |                                                     |
| <input type="checkbox"/> Paint/Finishes                                 | <input type="checkbox"/> Walls/Gates/Fences          |                                                     |
| 3. Repair/Replacement:                                                  |                                                      |                                                     |
| <input type="checkbox"/> Doors                                          | <input type="checkbox"/> Porch/Stoop/Stairs/Railings | <input type="checkbox"/> Windows                    |
| <input type="checkbox"/> Exterior Cleaning                              | <input type="checkbox"/> Roof/chimney/cornice        | <input type="checkbox"/> Walls/siding               |
| <input type="checkbox"/> Masonry/Re-Pointing                            | <input type="checkbox"/> Storefront                  |                                                     |
| <input type="checkbox"/> Paint/Finishes                                 | <input type="checkbox"/> Walls/Gates/Fences          |                                                     |
| 4. Signs/Awnings/Lighting:                                              |                                                      |                                                     |
| <input type="checkbox"/> New Sign                                       | <input type="checkbox"/> New Awning or Canopy        | <input type="checkbox"/> External Sign Illumination |
| <input type="checkbox"/> Existing Sign                                  | <input type="checkbox"/> Existing Awning or Canopy   | <input type="checkbox"/> Lighting of the Building   |
| <input type="checkbox"/> Repair                                         | <input type="checkbox"/> Repair                      | <input type="checkbox"/> Street or Area Lighting    |
| <input type="checkbox"/> Replace                                        | <input type="checkbox"/> Replace                     |                                                     |
| <input type="checkbox"/> Rehabilitate                                   | <input type="checkbox"/> Rehabilitate                |                                                     |
| 5. Building Relocation/Demolition/Other                                 |                                                      |                                                     |
| <input type="checkbox"/> Relocation – Indicate New Location             | _____                                                |                                                     |
| <input type="checkbox"/> Demolition – Indicate New Proposed Use at Site | _____                                                |                                                     |
| <input type="checkbox"/> Other – Describe Below                         | _____                                                |                                                     |

**VI. PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED WORK.** Include existing and proposed conditions, dimensions, materials and locations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VII. 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 information 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

\_\_\_\_\_  
Print Name Title  
 Owner  Contractor  Developer  Design Professional (Check Applicable Title)

