### HISTORICAL ARCHITECTURAL REVIEW BOARD

#### **EIGHT-STEP APPLICATION PROCESS**

- 1. Obtain a copy of the Application Package at the City of York Bureau of Permits, Planning, and Zoning at 101 South George Street, First Floor, York, PA 17401. Office hours are Monday Friday 8:00 am 5:00 pm (except for designated holidays). The telephone number is 717-849-2256.
- 2. Talk with your architect or contractor about how the project should meet HARB requirements. If needed, request a meeting with the HARB Consultant or schedule a preliminary review with HARB. An informal discussion of your project may be scheduled after other reviews.
- 3. Review the checklist in the application. Determine what materials you will need to submit with the Certificate of Appropriateness application. Drawings, photographs, material specification sheets, and other related items are REQUIRED as part of the submission. Please see the attached Submission Checklist for required items. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
- **4. Submit one copy** of the completed application form to the City of York Bureau of Permits, Planning, and Zoning at 101 South George Street, First Floor, York, PA 17401. There is no fee for a Certificate of Appropriateness application.
- 5. Attend the HARB meeting. The building owner or designated representative must attend the meeting to present the application. The representative may be a business tenant, realtor, sign or awing company representative, contractor, architect, engineer, or other responsible party approved by the owner. The Historical Architectural Review Board will discuss the application and details of the work. They may recommend approval as presented, approval with conditions, denial, or they may table the application. Subsequent changes or additions to the application must be submitted for review at a future HARB meeting.
- **6. HARB's** recommendation is forwarded to City Council for their next scheduled meeting. City Council meetings are held the first and third Tuesdays of every month in City Council Chambers.
- 7. Upon approval by City Council, a Certificate of Appropriateness may be issued immediately, provided all required conditions have been met. A building permit may be obtained from the City of York Bureau of Permits, Planning, and Zoning if the applicant has complied with all other pertinent City codes.
- **8. Inspections** of the work as per the Building Codes and are required by the approved permit, as well as a Final Inspection to verify compliance with the Building Codes and the Certificate of Appropriateness.

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### **SUBMISSION CHECKLIST**

| Completed HARB Application                                    |
|---|
| Supporting Documentation                                      |
| ☐ Photos of existing conditions (REQUIRED)                    |
| ☐ Sheet with proposed/ new material specifications (REQUIRED) |
| <ul> <li>Material/ brand/ model number/ etc.</li> </ul>       |
| <ul><li>Images of materials (optional)</li></ul>              |
| ☐ Digital and hard copy of drawings (if needed to             |
| help clarify proposal)  |

### HISTORICAL ARCHITECTURAL REVIEW BOARD

HARB Application for a Certificate of Appropriateness

**INSTRUCTIONS:** All applicants must complete Sections 1 through 7 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. Applications without supporting documentation will be returned and not processed.

Detailed documentation **MUST** accompany the application. Applications must be received by the City of York Bureau of Permits, Planning, and Zoning at 101 South George Street, First Floor, York, PA 17401 at least eight (8) calendar days prior to the next scheduled HARB meeting. Call PP&Z at 717-849-2256 with any questions regarding this form or the HARB process.

| 1 DDOLLECT CTDEET ADDI | DECC.                           |               |          |  |  |
|------------------------|---------------------------------|---------------|----------|--|--|
| 1. PROJECT STREET ADDI | XESS:                           |               |          |  |  |
| 2. APPLICANT INFORMAT  | ION:                            |               |          |  |  |
| Name:                  | Emai                            | 1:            |          |  |  |
| Address:               |                                 | Phone:        |          |  |  |
| City:                  | State:                          | Zip:          | Fax:     |  |  |
| 3. OWNER INFORMATION   | : (if different from Applicant) |               |          |  |  |
| Name:                  | Emai                            | 1:            |          |  |  |
| Address:               |                                 | Phone:        |          |  |  |
| City:                  | State:                          | Zip:          | Fax:     |  |  |
| 4. CONTRACTOR/ DEVELO  | OPER/ DESIGN PROFESSION         | ONAL OF RECOR | D:       |  |  |
| Contact:               | Em                              | ail:          |          |  |  |
| Company Name:          |                                 | Title:        |          |  |  |
| Address:               |                                 | Phone         | <u>:</u> |  |  |
| City:                  | State:                          | Zip:          | Fax:     |  |  |

The Honorable Michael R. Helfrich, Mayor

| ι.        | New Construction/ Additions:   | Additions   | New Construction  |  |  |
|-----------|--|---|---|--|--|
| ١.        | Alterations/ Rehabilitation:   |   |   |  |  |
|           | Doors  | Porch/Stoop/Stairs/Railings   | Windows   |  |  |
|           | Exterior Cleaning  | Roof/Chimney/Cornice  | Walls/Siding  |  |  |
|           | Masonry/Re-pointing  | Storefront  |   |  |  |
|           | Paint/Finishes   | Walls/Gates/Fences  |   |  |  |
|           | Repair/ Replacement:   |   |   |  |  |
|           | Doors  | Porch/Stoop/Stairs/Railings   | Windows   |  |  |
|           | Exterior Cleaning  | Roof/Chimney/Cornice  | Walls/Siding  |  |  |
|           | Masonry/Re-pointing  | Storefront  |   |  |  |
|           | Paint/Finishes   | Walls/Gates/Fences  |   |  |  |
| d.        | Signs/ Awnings/ Lighting:  |   |   |  |  |
|           | New Sign   | New Awning/Canopy   | Sign Illumination   |  |  |
|           | Existing Sign  | Existing Awning/Canopy  | Building Lighting   |  |  |
|           | Repair   | Repair  | Street/Area Lighting  |  |  |
|           | Replace  | Replace   |   |  |  |
|           | Rehabilitate   | Rehabilitate  |   |  |  |
|           | Building Relocation/Demolition/Ot  | her:  |   |  |  |
|           | Relocation – Indicate New Location   |   |   |  |  |
|           | Demolition – Indicate New Proposed Use at Site   |   |   |  |  |
|           | Other – Describe Below   |   |   |  |  |
| <b>ó.</b> |  | IPTION OF THE PROPOSED WORK. In ad locations:   |   |  |  |
|           | OTHER INFORMATION HARB SHOULD CONSIDER:  |   |   |  |  |
| <b>'.</b> |  |   |   |  |  |
| •         |  |   |   |  |  |
|           | By my/ our signatures hereon, I/ we h legal owner(s) and that I/ we agree to work. I/ we understand that false or m  |   | subject property is authorized and regulations pertaining to the denial of the application, civil o       |  |  |
|           | By my/ our signatures hereon, I/ we h legal owner(s) and that I/ we agree to work. I/ we understand that false or m criminal penalties, and/ or revocation | ereby certify that the designated work on the comply with all applicable laws, ordinances, isleading information herein could result in o | subject property is authorized and regulations pertaining to the denial of the application, civil or ork. |  |  |

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### **FOR OFFICIAL USE ONLY**

| HARB ACTION  | MEETING DATE:                    |                                       |  |
|--|----------------------------------|---------------------------------------|--|
| Recommend Approval as Presented  |                                  |                                       |  |
| Recommend Approval with Conditions   |                                  |                                       |  |
| Recommend Denial Vote: For   | Against                          | Recused                               |  |
| Tabled Reason  | _                                | <del></del>                           |  |
| Comments:  |                                  |                                       |  |
|  |                                  | ETING DATE:                           |  |
| Approved Denied Tabled   |                                  | · · · · · · · · · · · · · · · · · · · |  |
|  |                                  |                                       |  |
| Comments:  |                                  |                                       |  |
|  |                                  | <b>D</b>                              |  |
| 1. PP&Z received application for C of A  |                                  | Date:                                 |  |
| <ol><li>HARB reviewed application for C of A<br/>or HARB consultant provided Staff Revie</li></ol>   |                                  | Date:                                 |  |
| 3. CITY COUNCIL  | W                                |                                       |  |
| Received Recommendation from 1   | HARB                             | Date:                                 |  |
|  |                                  | Date:                                 |  |
| • Council Meeting Denial of C of A   |                                  | Date:                                 |  |
| • Letter/ C of A to Applicant  |                                  | Date:                                 |  |
| 4. BUILDING CODE OFFICIAL  |                                  |                                       |  |
|  |                                  |                                       |  |
|  |                                  |                                       |  |
| Final Inspection by:   | 0.0.0.1                          | Date:                                 |  |
| • Verification of proper application   | of C of A by:                    | Date:                                 |  |
| <ul> <li>Letter/ C of A to Applicant</li> <li>4. BUILDING CODE OFFICIAL</li> <li>Building Permit Issued:</li> <li>Building Permit Revoked</li> <li>Final Inspection by:</li> </ul> | Permit # Issuing I of C of A by: | Inspector: Date: Date:                |  |
| FINAL COMMENTS (attach additional sheets as nee  | cessary):                        |                                       |  |
|  |                                  |                                       |  |
|  |                                  |                                       |  |
|  |                                  |                                       |  |
|  |                                  |                                       |  |
|  |                                  |                                       |  |
|  |                                  |                                       |  |

### HISTORICAL ARCHITECTURAL REVIEW BOARD

#### **HISTORIC YORK MAP**

