The City of York Pennsylvania

The Honorable Sandie Walker,

Mayor

HARB

HISTORICAL ARCHITECTURAL REVIEW BOARD

SUBMISSION CHECKLIST

- ❑ **Completed HARB Application**
- ❑ **Supporting Documentation**
  - ❑ **Photos of existing conditions (REQUIRED)**
  - ❑ **Sheet with proposed/ new material specifications (REQUIRED)**
    - **Material/ brand/ model number/ etc.**
    - **Images of materials (optional)**
  - ❑ **Drawings (if needed to help clarify proposal)**

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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. For assistance, contact the HARB consultant (Becky Zeller – becky@zellerpreservation.com). **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 **will not be processed** without thorough explanations and adequate supporting materials. Applications without supporting documentation will be returned and not processed.

Email the completed application and supporting materials to the City Planner (Nancy Griffin – ngriffin@yorkcity.org) or bring a copy to the City of York Bureau of Permits, Planning, and Zoning office, 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. PROJECT STREET ADDRESS: _____

2. APPLICANT INFORMATION:

Name:_____ Email:_____

Address: _____ Phone:_____

City: _____ State: _____ Zip: _____ Fax: _____

3. OWNER INFORMATION: (if different from Applicant)

Name:_____ Email:_____

Address: _____ Phone:_____

City: _____ State: _____ Zip: _____ Fax: _____

4. CONTRACTOR/ DEVELOPER/ DESIGN PROFESSIONAL OF RECORD:

Contact:_____ Email:_____

Company Name: _____ Title: _____

Address: _____ Phone:_____

City: _____ State: _____ Zip: _____ Fax: _____

5. PROJECT DESCRIPTION: (check all that apply):

a. New Construction/ Additions: _____Additions _____New Construction

b. Alterations/ Rehabilitation:

____Doors ____Porch/Stoop/Stairs/Railings ____Windows
____Exterior Cleaning ____Roof/Chimney/Cornice ____Walls/Siding
____Masonry/Re-pointing ____Storefront
____Paint/Finishes ____Walls/Gates/Fences

c. 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

e. Building Relocation/Demolition/Other:

____Relocation – Indicate New Location_____

____Demolition – Indicate New Proposed Use at Site_____

____Other – Describe Below

6. PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED WORK. Include existing and proposed conditions, dimensions, materials, and locations. Continue information on an attached sheet if needed:

7. SUPPORTING DOCMENATION. Provide supporting photographs, material samples, and drawings as part of the application. Applications submitted without supporting documentation will be tabled until information is provided.

____ Existing Conditions Photos (REQUIRED)
____ Material Specifications (REQUIRED)
____ Drawings (RECOMMENDED)

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 Title

FOR OFFICIAL USE ONLY

HARB ACTION **MEETING DATE:_____**

____ Recommend Approval as Presented

____ Recommend Approval with Conditions

____ Recommend Denial Vote: ____ For ____ Against ____ Recused

____ Tabled Reason_____

Comments: _____

ACTION OF CITY COUNCIL **COUNCIL MEETING DATE:_____**

____ Approved ____ Denied ____Tabled

Comments:_____

RECORD OF EVENTS

1. PP&Z received application for C of A Date:_____
2. HARB reviewed application for C of A Date:_____
   or HARB consultant provided Staff Review
3. CITY COUNCIL
   - Received Recommendation from HARB Date:_____
   - Council Meeting Approval of C of A Date:_____
   - Council Meeting Denial of C of A Date:_____
   - Letter/ C of A to Applicant Date:_____
4. BUILDING CODE OFFICIAL
   - Building Permit Issued:_____ Permit #:_____
   - Building Permit Revoked_____ Issuing Inspector: _____
   - Final Inspection by: _____ Date:_____
   - Verification of proper application of C of A by:_____ Date: _____

Refer to Permits, Planning, and Zoning for a record of inspections performed and inspection results

FINAL COMMENTS (attach additional sheets as necessary):

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HISTORIC YORK MAP