



City of Albany  
 Department of Planning and Development  
 200 Henry Johnson Boulevard  
 Albany, New York 12210

FOR STAFF USE ONLY	
Date Received:	Fee Paid:
Date Complete:	Staff:
Project #: (major only)	COA #:
COA Classification Type: <input type="checkbox"/> Minor <input type="checkbox"/> Major	

# Certificate of Appropriateness Application Form

## Part 1. Application Notes

A Certificate of Appropriateness is required for all applications for permits involving any exterior alteration, restoration, reconstruction, demolition, new construction or moving of a locally designated historic landmark or a property within a local historic district.

Minor exterior work, such as exterior maintenance and repair, change of paint color, replacement of non-original material, and minor changes that do not materially change the historic characteristics of the property may be reviewed by the Chief Planning Official.

Major exterior work, such as new construction, demolition, substantial alterations and use of non-historically appropriate materials are subject to review, a public hearing and decision by the Historic Resources Commission

*Note: A pre-application meeting is available upon request prior to submitting this application.*

## Part 2. Property Information

Project Address: 58 North Pearl Street a/k/a 40 Steuben Place

Tax ID #: 76.34-2-18

Name of Landmark or Historic District: Downtown Albany Historic District

## Part 3. Project Information

Will the applicant be seeking State or Federal Historic Tax Credits for this project?  Yes  No

Proposed Project Description:

Please see attached application materials for a detailed project description.

A Minor Certificate of Appropriateness is applicable to this application. This application does not involve the construction of a new primary structure, does not include subsurface investigation, and the State Historic Preservation Office has provided the attached concurrence that the installation does not materially change the historic characteristics of the property. TAB 8.

## Part 4. Alteration or Repair Information (if new construction, skip to Part 5)

Select the type of work to be performed (check all that apply)

- Painting   
  Windows   
  Doors   
  Stoop/Rails   
  Masonry   
  Siding or Trim Work  
 Fence or Wall   
 Other: Collocation of telecommunication facility

### A. Painting

Building Area / Feature	Proposed Color:	Brand:	Collection:
Body			
Trim			
Sash			
Door			
Other:	Matching existing building		

(include attachment of sample paint chips for all elected colors)

### B. Windows

Number of windows to be: \_\_\_\_\_ Repaired    \_\_\_\_\_ Replaced    \_\_\_\_\_ Altered

Location (attached a diagram if necessary):

Existing Window Material ( <i>wood, vinyl, etc.</i> ):		Existing Window Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure		
Configuration ( <i>i.e., double-hung sash, 2/2, 6/1, 6/6, etc.</i> ):				
Width:		Height:		Depth:
If replacing, indicate the reason for replacement:				
If altering, describe any proposed change (material, configuration, size of opening, etc.):				
<b>C. Doors</b>				
Number of doors to be: _____ Repaired _____ Replaced _____ Altered				
Location ( <i>attached a diagram</i> ):				
Existing Door Material ( <i>wood, vinyl, etc.</i> ):		Existing Door Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure		
Configuration ( <i>i.e. glass panes, divisions, decorative details and panels</i> ):				
Width: _____ feet _____ inches		Height: _____ feet _____ inches		
If replacing, indicate the reason for replacement:				
If altering, describe any proposed change (material, configuration, size of opening, etc.):				
<b>D. Stoops/Rails</b>				
Number of Stoops/Rails to be: _____ Repaired _____ Replaced _____ Altered				
Existing Stoop Material ( <i>stone, wood, concrete, etc.</i> ):		Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure		
Existing Treads:		Width:	Depth:	Height:
Existing Rail Material ( <i>iron, vinyl, wood, etc.</i> ):		Existing Rails: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure		
If replacing, indicate the reason for replacement:				
If altering, describe any proposed change (material, configuration, size of opening, etc.):				
<b>E. Masonry</b>				
Type of Work: <input type="checkbox"/> Substantial Reconstruction <input type="checkbox"/> Minor Repair <input type="checkbox"/> Repointing				
Existing Material ( <i>brick, stone, concrete, etc.</i> ):		Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure		
Location ( <i>attached a diagram if necessary</i> ):				
Type of mortar to be utilized:				
<b>F. Siding or Trim Work</b>				
Type of Work: <input type="checkbox"/> Full Residing <input type="checkbox"/> Minor Repair <input type="checkbox"/> Trim Work				
Existing Material ( <i>wood, stucco, vinyl, etc.</i> ):		Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure		
Location ( <i>attached a diagram if necessary</i> ):				
Type of material to be utilized:				
<b>G. Fence or Wall</b>				
Type of Work: <input type="checkbox"/> Repair <input type="checkbox"/> Replacement				
Existing Fence/Wall Material ( <i>masonry, wood, vinyl, etc.</i> ):		Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure		

Location (attached a diagram if necessary):

Type of material to be utilized:

**H. Other / Additional Notes**

The new communications facility will consist of the following general components:  
• eight (8) panel antennas wall mounted and mounted on the existing chimney;  
• 11'-6" x 16' accessory equipment platform on the rooftop, screened with metal walls; and  
• cabling connecting the antennas to the telecommunications equipment and associated utility service connections.  
The proposed antennas will be painted to match the existing building, are flush mounted to the existing building structure and do not exceed the height of the existing building and the proposed equipment platform support structure will be screened to match the building and the height does not exceed the height of the existing penthouse.

**Part 5. New Construction or Addition Information (if repair only, skip to Part 6)**

First Floor Building Area: \_\_\_\_\_ sq. ft. Total Gross Floor Area: no change sq. ft.

Front Building Setback: no change Feet Frontage Buildout (ft.): no change Feet

Building Height: 107.9 Feet \_\_\_\_\_ Stories

Describe how the proposed construction will relate to the architectural scale, massing, volumes and styles represented within the applicable historic district:  
Please see attached plans.

Indicate the proposed materials to be utilized, distinctive architectural features and ornamentation:  
Please see attached plans.

**Part 6. Signage Information (if no proposed signage, skip to Part 7)**

**Sign 1**  
Type:  Freestanding  Wall  Projecting  Awning Location:  
Total Area: \_\_\_\_\_ sq. ft. Width: \_\_\_\_\_ Depth: \_\_\_\_\_ Projection from Wall: \_\_\_\_\_  
Material: \_\_\_\_\_ Mounting Style: \_\_\_\_\_  
Lighted:  Yes  No If yes, describe: \_\_\_\_\_

**Sign 2**  
Type:  Freestanding  Wall  Projecting  Awning Location:  
Total Area: \_\_\_\_\_ sq. ft. Width: \_\_\_\_\_ Depth: \_\_\_\_\_ Projection from Wall: \_\_\_\_\_  
Material: \_\_\_\_\_ Mounting Style: \_\_\_\_\_  
Lighted:  Yes  No If yes, describe: \_\_\_\_\_

**Sign 3**  
Type:  Freestanding  Wall  Projecting  Awning Location:  
Total Area: \_\_\_\_\_ sq. ft. Width: \_\_\_\_\_ Depth: \_\_\_\_\_ Projection from Wall: \_\_\_\_\_  
Material: \_\_\_\_\_ Mounting Style: \_\_\_\_\_  
Lighted:  Yes  No If yes, describe: \_\_\_\_\_

**Sign 4**  
Type:  Freestanding  Wall  Projecting  Awning Location:  
Total Area: \_\_\_\_\_ sq. ft. Width: \_\_\_\_\_ Depth: \_\_\_\_\_ Projection from Wall: \_\_\_\_\_  
Material: \_\_\_\_\_ Mounting Style: \_\_\_\_\_  
Lighted:  Yes  No If yes, describe: \_\_\_\_\_

**Part 7. Submittal Requirement Checklist**

## Part 7. Submittal Requirement Checklist

	Required Documents	Hard Copies	Electronic Submission (.pdf) (Required Document Name)
<b>A. Required for All Certificate of Appropriateness Applications</b>			
<input checked="" type="checkbox"/>	Master Application Form	1	01_Master_Application_Form
<input checked="" type="checkbox"/>	Certificate of Appropriateness Application Form	1	02_Certificate_of_Appropriateness_Form
<input checked="" type="checkbox"/>	Color photographs of the property in context with surrounding properties, on printed paper	1	03_Photos
<b>B. Required for Alteration or Repair Applications</b>			
<input type="checkbox"/>	Materials sample sheets showing color type, manufacturer, and item number of new materials being proposed	1	04_Material_Sample_Sheets
<b>C. Required for New Construction and Additions</b>			
<input checked="" type="checkbox"/>	Elevation Drawings	1	05_Elevations
<input type="checkbox"/>	Floor Plans	1	06_Floor_Plans
<input checked="" type="checkbox"/>	Vertical Building Section	1	07_Vertical_Building_Section
<input checked="" type="checkbox"/>	Building Rendering	1	08_Building_Rendering
<b>D. Required for Signage Applications</b>			
<input type="checkbox"/>	Color Sign Rendering	1	08_Sign_Drawing
<input type="checkbox"/>	Sign Mounting Detail	1	09_Sign_Mounting_Detail
<input type="checkbox"/>	Sign or Awning Material Information	1	10_Sign_Awning_Material_Information
<b>E. Voluntary or Upon Request</b>			
<input type="checkbox"/>	Any additional information determined to be necessary by the Chief Planning Official	1	[##_]_[Document_Name]