



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

FOR STATE USE ONLY	
Date Received:	Fee Paid: N/A
Date Complete:	Staff: EG
Project #: (major only) 00032	COA #: Maj. 0034 Min 0036
COA Classification Type: <input checked="" type="checkbox"/> Minor <input checked="" 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: **18 Irving Street Albany NY 12202** Tax ID #:

Name of Landmark or 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:

Repainting of front of house, replacement windows, painting front door. Fixing masonry work on front of building

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: _____

A. Painting

Building Area / Feature	Proposed Color:	Brand:	Collection:
Body	Behr Mars Red PUD-11™	Behr	
Trim	Artisan Tea S220-2™	Behr	
Sash	Behr Mars Red PUD-11™	Behr	
Door	" "		
Other:			

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

B. Windows

Number of windows to be: _____ Repaired **16** Replaced _____ Altered

Location (attached a diagram if necessary):

Both original and not

Existing Window Material (wood, vinyl, etc.): <u>Wood/Vinyl</u>		Existing Window Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	
Configuration (i.e., double-hung sash, 2/2, 6/1, 6/6, etc.): <u>Single hung</u>			
Width: <u>See attached sheet.</u>	Height: <u>Each window measured</u>	Depth:	
If replacing, indicate the reason for replacement: <u>No Saving the existing windows and owners want replaced.</u>			
If altering, describe any proposed change (material, configuration, size of opening, etc.):			

C. Doors

Number of doors to be:	<input type="checkbox"/> Repaired	<input checked="" type="checkbox"/> Replaced	<input type="checkbox"/> Altered
Location (attached a diagram): <u>Front Doors</u>			
Existing Door Material (wood, vinyl, etc.): <u>Wood</u>		Existing Door Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input checked="" type="checkbox"/> Not Sure	
Configuration (i.e. glass panes, divisions, decorative details and panels): <u>Panel</u>			
Width: <input type="checkbox"/> feet <input type="checkbox"/> inches	Height: <input type="checkbox"/> feet <input type="checkbox"/> inches		
If replacing, indicate the reason for replacement:			
If altering, describe any proposed change (material, configuration, size of opening, etc.):			

D. Stoops/Rails

Number of Stoops/Rails to be:	<input type="checkbox"/> Repaired	<input type="checkbox"/> Replaced	<input type="checkbox"/> Altered
Existing Stoop Material (stone, wood, concrete, etc.):		Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	
Existing Treads:	Width:	Depth:	Height:
Existing Rail Material (iron, vinyl, wood, etc.):		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.):			

E. Masonry

Type of Work:	<input type="checkbox"/> Substantial Reconstruction	<input type="checkbox"/> Minor Repair	<input type="checkbox"/> Repointing
Existing Material (brick, stone, concrete, etc.):		Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	
Location (attached a diagram if necessary):			
Type of mortar to be utilized:			

F. Siding or Trim Work

Type of Work:	<input type="checkbox"/> Full Residing	<input type="checkbox"/> Minor Repair	<input type="checkbox"/> Trim Work
Existing Material (wood, stucco, vinyl, etc.):		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:			

G. Fence or Wall

Type of Work:	<input type="checkbox"/> Repair	<input type="checkbox"/> Replacement
Existing Fence/Wall Material (masonry, wood, vinyl, etc.):		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: Paint

H. Other / Additional Notes

Part 5: New Construction or Additional Information (if applicable, skip to Part 6)

First Floor Building Area: _____ sq. ft. Total Gross Floor Area: _____ sq. ft.

Front Building Setback: _____ Feet Frontage Buildout (ft.): _____ Feet

Building Height: _____ Feet _____ Stories

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

Indicate the proposed materials to be utilized, distinctive architectural features and ornamentation:

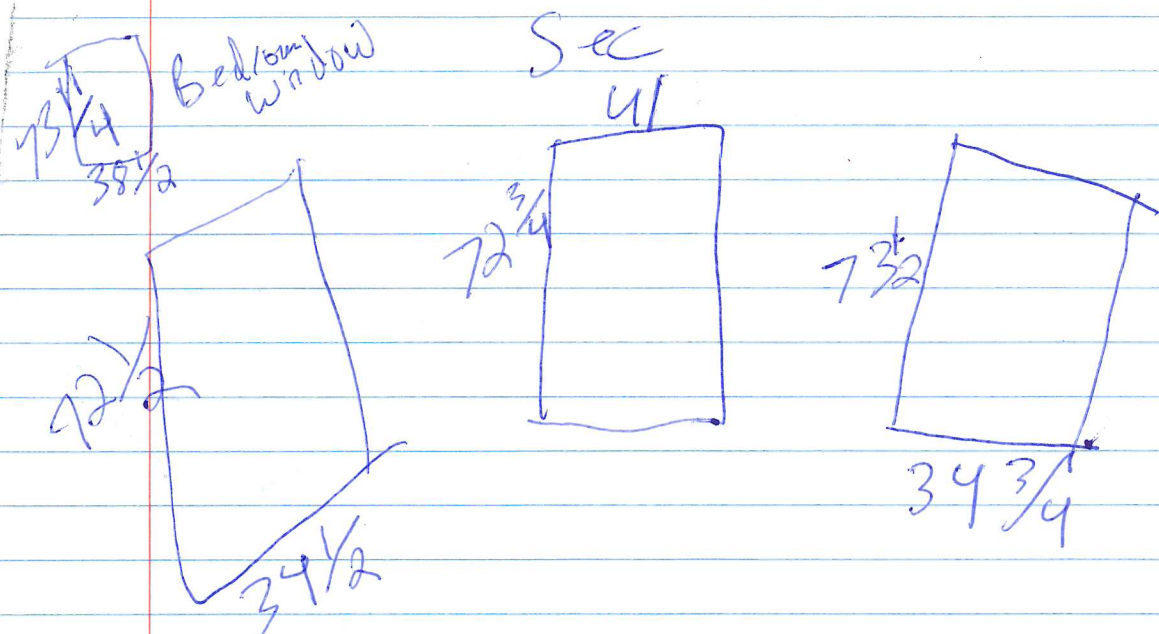
Part 6: Signage Information (if no proposed signage, skip to Part 7)

Sign 1	Type: <input type="checkbox"/> Freestanding <input type="checkbox"/> Wall <input type="checkbox"/> Projecting <input type="checkbox"/> Awning	Location:	
	Total Area: _____ sq. ft. Width: _____	Depth: _____	Projection from Wall: _____
	Material: _____	Mounting Style: _____	
	Lighted: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____		
Sign 2	Type: <input type="checkbox"/> Freestanding <input type="checkbox"/> Wall <input type="checkbox"/> Projecting <input type="checkbox"/> Awning	Location:	
	Total Area: _____ sq. ft. Width: _____	Depth: _____	Projection from Wall: _____
	Material: _____	Mounting Style: _____	
	Lighted: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____		
Sign 3	Type: <input type="checkbox"/> Freestanding <input type="checkbox"/> Wall <input type="checkbox"/> Projecting <input type="checkbox"/> Awning	Location:	
	Total Area: _____ sq. ft. Width: _____	Depth: _____	Projection from Wall: _____
	Material: _____	Mounting Style: _____	
	Lighted: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____		
Sign 4	Type: <input type="checkbox"/> Freestanding <input type="checkbox"/> Wall <input type="checkbox"/> Projecting <input type="checkbox"/> Awning	Location:	
	Total Area: _____ sq. ft. Width: _____	Depth: _____	Projection from Wall: _____
	Material: _____	Mounting Style: _____	
	Lighted: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____		

Part 7: Submitted Treatment Checklist

Fair / Submittal Requirements Chart		
Required Documents	Hard Copies	Electronic Submission (.pdf) (Required Document Name)
A. Required for All Certificate of Appropriateness Applications		
<input checked="" type="checkbox"/> Master Application Form	1	01_Master_Application_Form
<input 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. Required for Alteration or Repair Applications		
<input type="checkbox"/> Materials sample sheets showing color type, manufacturer, and item number of new materials being proposed	1	04_Material_Sample_Sheets
C. Required for New Construction and Additions		
<input type="checkbox"/> Elevation Drawings	1	05_Elevations
<input type="checkbox"/> Floor Plans	1	06_Floor_Plans
<input type="checkbox"/> Vertical Building Section	1	07_Vertical_Building_Section
<input type="checkbox"/> Building Rendering	1	08_Building_Rendering
D. Required for Signage Applications		
<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
E. Voluntary or Upon Request		
<input type="checkbox"/> Any additional information determined to be necessary by the Chief Planning Official	1	###_[Document_Name]

Front of House



First

