



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

FOR STAFF USE ONLY	
Date Received: 8/14/17	Fee Paid: N/A
Date Complete: 8/23/17	Staff: EG
Project #: (major only) N/A	COA #: COA_0017
COA Classification Type: <input checked="" 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. **X**

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: 39 2nd St Tax ID #: 12011210 65 74 4 6 L

Name of Landmark or Historic District: TEN BRAECK TRIANGLE

Part 3: Project Information

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

Proposed Project Description:

REPAIR WINDOWS
 REPLACE WINDOWS
 SHEET ROCK

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: REPAIR EXISTING CHAIN LINK FENCE

A. Painting

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

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

B. Windows

Number of windows to be: _____ Repaired 4 Replaced _____ Altered

Location (attached a diagram if necessary): FRONT

Existing Window Material (wood, vinyl, etc.): <u>vinyl, wood</u>		Existing Window Condition: <input type="checkbox"/> Original <input checked="" type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	
Configuration (i.e., double-hung sash, 2/2, 6/1, 6/6, etc.): <u>3/3/3</u>			
Width: <u>72</u>	Height: <u>60</u>	Depth: <u>3</u>	
If replacing, indicate the reason for replacement: <u>old, broken</u>			
If altering, describe any proposed change (material, configuration, size of opening, etc.):			
C. Doors			
Number of doors to be: _____ Repaired _____ Replaced _____ Altered			
Location (attached a diagram):			
Existing Door Material (wood, vinyl, etc.):		Existing Door Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	
Configuration (i.e. glass panes, divisions, decorative details and panels):			
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.):			
D. Stoops/Rails			
Number of Stoops/Rails to be: _____ Repaired _____ Replaced _____ 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:
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 <u>Already Existing Chain Link Fence</u>			
Type of Work: <input checked="" 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: _____

H. Other / Additional Notes

Part 5: New Construction or Addition Information (If repair only, 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: Submittal Requirements Checklist

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	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 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. Required for Alteration or Repair Applications			
<input checked="" 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]