

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

**CERTIFICATE OF APPROPRIATENESS APPLICATION**

**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: 125 Jefferson Street	Tax ID #: 76.32-4-29
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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:  
 Make (2) 2" Penetrations through Jefferson Street Brick Facade to vent wall mounted hot water heater. Piping will be painted to match yellow brick of building and will blend in. Brick will be removed with arbor tech recipricating carbide saw which will not damage any brick that is removed so that it will be able to be put back if the need arrises in the future. This will be un noticable to most who look at the building and will blend in. It will not take away from the charcter of the neighborhood or the 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: 2" Penetration through existing Brick Facade for 2" vent pipe for wall hung hot water tank.

**Painting**

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

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

**Windows**

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

Location (attached a diagram if necessary): N/A

Existing Window Material (wood, vinyl, etc.):	Existing Window Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure
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Configuration (i.e., double-hung sash, 2/2, 6/1, 6/6, etc.):

Width:	Height:	Depth:
If replacing, indicate the reason for replacement:		
If altering, describe any proposed change (material, configuration, size of opening, etc.):		
<b>Doors</b>		
Number of doors to be: _____ Repaired _____ Replaced _____ Altered		
Location (attached a diagram if necessary):		
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:	Height:	
If replacing, indicate the reason for replacement:		
If altering, describe any proposed change (material, configuration, size of opening, etc.):		
<b>Stoops/Rails</b>		
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.):		
<b>Masonry</b>		
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:		
<b>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 (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:		
<b>Fence or Wall</b>		
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:		

**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.):
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Front Building Setback (ft.):	Frontage Buildout (ft.):
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Building Height	Feet:	Stories:
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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:	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:	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:	
	Sign Area:	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:	
	Sign Area:	Width:	Depth: Projection from Wall:
	Material:	Mounting Style:	
	Lighted: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:	

### 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 type="checkbox"/>	Master Application Form	1	Master Application
<input type="checkbox"/>	Certificate of Appropriateness Application	1	COA
<input type="checkbox"/>	Color photographs of the property in context with surrounding properties, on printed paper	1	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	Material Sample sheet
<b>C. Required for New Construction and Additions</b>			
<input type="checkbox"/>	Elevation Drawing(s)	1	Elevations [YYYY]-[MM]-[DD]
<input type="checkbox"/>	Floor Plan(s)	1	Floor Plan [YYYY]-[MM]-[DD]
<input type="checkbox"/>	Vertical Building Section	1	Vertical Building Section
<input type="checkbox"/>	Building Rendering(s)	1	Renderings [YYYY]-[MM]-[DD]
<b>D. Required for Signage Applications</b>			
<input type="checkbox"/>	Color Sign Rendering	1	Sign Drawing
<input type="checkbox"/>	Sign Mounting Detail	1	Sign Mounting Detail
<input type="checkbox"/>	Sign or Awning Material Information	1	Sign Awning 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]

\*Electronic document submissions shall be sent via email to [planning@albanyny.gov](mailto:planning@albanyny.gov), USB Flash Drive or by another medium approved by the City of Albany Planning Staff. CD and DVD submissions will no longer be accepted.