

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: 183 LANCASTER ST

Tax ID #:

Name of Landmark or Historic District: 1854 BROWNSTONE

Part 3. Project Information

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

Proposed Project Description:

Certificate of Appropriateness -Replace the 6 existing non-original windows on the front of 183 Lancaster St. with 6 new wood sash double hung windows.

Attached are pictures of the existing façade of 183 Lancaster St showing the (6) non-original 1920s double hung windows requiring replacement.

Also attached are pictures of the conditions of the windows. The attached pictures document extreme deterioration of the existing wood Vertical and Horizontal Jambs, Sills, Stiles Bottom and Meeting Rails, Stool and Apron of each window. The windows are not repairable and would require total removable to replace of all wood parts and glass, to do so would result in major inconvenience and security issues for the current tenants.

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: _____

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 6 Replaced _____ Altered

Location *(attached a diagram if necessary)*:

Existing Window Material (wood, vinyl, etc.): WOOD

Existing Window Condition: Original Not Original Not Sure

Configuration *(i.e., double-hung sash, 2/2, 6/1, 6/6, etc.)*: DOUBLE HUNG

Width:	Height:	Depth:
If replacing, indicate the reason for replacement:		
Certificate of Appropriateness -Replace the 6 existing non-original windows on the front of 183 Lancaster St. with 6 new wood sash double		
If altering, describe any proposed change (material, configuration, size of opening, etc.):		
Doors		
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.):		
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: 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.):		
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:		
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:		
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):		

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 (ft.):	Frontage Buildout (ft.):
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:

NO ALTERATION IN APPEARANCE WILL RESULT

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

WOOD REPLACEMENT WINDOWS SEE ATTACHED

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
	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
	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
	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
	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)
A. Required for All Certificate of Appropriateness Applications			
<input checked="" type="checkbox"/>	Master Development Form	1	Master Form
<input checked="" type="checkbox"/>	Certificate of Appropriateness Application	1	COA
<input checked="" type="checkbox"/>	Color photographs of the property in context with surrounding properties, on printed paper	1	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	Material Sample sheet
C. Required for New Construction and Additions			
<input type="checkbox"/>	Elevation Drawings	1	Elevations_[YYYY]_[DD]_[MM]
<input type="checkbox"/>	Floor Plans	1	Floor Plan_[YYYY]_[DD]_[MM]
<input type="checkbox"/>	Vertical Building Section	1	Vertical Building Section
<input type="checkbox"/>	Building Rendering	1	Rendering_[YYYY]_[DD]_[MM]
D. Required for Signage Applications			
<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
E. Voluntary or Upon Request			
<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, USB Flash Drive or by another medium approved by the City of Albany Planning Staff. CD and DVD submissions will no longer be accepted.