

# CITY OF ALBANY



# NEW YORK

DEPARTMENT OF PLANNING AND DEVELOPMENT  
200 HENRY JOHNSON BOULEVARD | ALBANY, NEW YORK 12210

## FOR STAFF USE ONLY

Project # (major only): DD187 COA #: 0211

COA Classification Type:  Minor  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: 102 LAKE

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:

REMOVE WINDOWS INSTALL NEW WINDOWS  
Rear & Side

### 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 9 Replaced \_\_\_\_\_ Altered \_\_\_\_\_

Location (attached a diagram if necessary): Side, Eastwall & Rear Wall

Existing Window Material (wood, vinyl, etc.): Aluminum Existing Window Condition:  Original  Not Original  Not Sure

Configuration (i.e., double-hung sash, 2/2, 6/1, 6/6, etc.): N/A 1-over-1

Width:	Height:	Depth:
If replacing, indicate the reason for replacement: <b>All broken</b>		
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: 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.):		
<b>Masonry</b>		
Type of Work: <input type="checkbox"/> Substantial Reconstruction <input checked="" 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 checked="" 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 of Wall</b>		
Type of Work: <input type="checkbox"/> Repair <input checked="" 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.):
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:

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 Development Form	1	Master Form
<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 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]
<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.