

	AFF USE (	
Project # (major only):	0188 00/	4:0219
COA Classification Type:	Minor	Major

CERTIFICATE	OF APPR	COPRIATENE	SS APPL	ICATION		
A description of			Part 1. Ap	plication No	tes	
		AT ANY NAME OF THE PARTY OF THE	2 (2)			ration, restoration, reconstruction, n a local Historic District.
						non-original material, and minor y the Chief Planning Official.
		w construction, der ng and decision by				storically appropriate materials are
Note: A pre-appli	cation meeting	ı is available upon ı	request prior	to submitting this	application.	
	182.50	· · · · · · · · · · · · · · · · · · ·	art 2. Pro	perty Informa	ition	
Project Address:	189	Brechan	21	Tax ID #:		
Name of Landmark or	Historic Distric	ot:		•		
			Part 3. Pro	oject Informa	tion	
Will the applicant be	seeking State o	r Federal Historic Ta	x Credits for t	his project?	☐ Yes ☐ No	
Proposed Project Des	cription:	., .,		, , , , , , , , , , , , , , , , , , , ,		
Select the type of wo	Part 4. ork to be perfor Windows		Repair Info	ormation (if ne	ew construction, s	skip to Part 5)
Fence or Wall	Other:					
Painting		l				
Building Area / Feat	ure	Proposed Color:		Brand:		Collection:
Body						
Trim						
Sash						
Door						
Other:						
(include attachment	of sample paint	t chips for all elected	l colors)			
Windows						
Number of windows	to be:	Repaired		_ Replaced	Altered	,
Location (attached a	diagram if nece	essary):				
Existing Window Mat	erial (wood, vir	nyl, etc.):		Existing Window (	Condition: Origin	nal Not Original Not Sure
Configuration (i.e., do	ouble-hung sasi	h, 2/2, 6/1, 6/6, etc.	):			

Width:	Height:		Depth:	Depth:		
If replacing, indicate the reason for replacement:						
If altering, describe any proposed change (material	l, configuration, size o	opening, etc.):				
Doors				ee. 19 se 116 - 141 - 14		
Number of doors to be: Repaired	Repl	aced	Altered			
Location (attached a diagram if necessary):						
Existing Door Material (wood, vinyl, etc.):		Existing Door Condition	on: Original Not Or	iginal 🔲 Not Sure		
Configuration (i.e. glass panes, divisions, decorative	e details and panels):					
Width:		Height:				
If replacing, indicate the reason for replacement:						
If altering, describe any proposed change (material	l, configuration, size of	opening, etc.):				
Stoops/Rails				·		
Number of Stoops/Rails to be: Re	epaired	_ Replaced _	Altered			
Existing Stoop Material (stone, wood, concrete, etc	.):	Existing Condition:	Original Not Original	☐ Not Sure		
Existing Treds:		Width:	Depth:	Height:		
Existing Rail Material (iron, vinyl, wood, etc.):		Existing Rails: Or	iginal  Not Original	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: Substantial Reconstruction	Minor Repair 🔲 Re	pointing				
Existing Material (brick, stone, concrete, etc.):		Existing Condition	Original Not Origi	nal Not Sure		
Location (attached a diagram if necessary):						
Type of mortar to be utilized:						
Siding or Trim Work						
Type of Work:  Full Residing  Minor Repair	☐ Trim Work					
Existing Material (wood, stucco, vinyl, etc.):		Existing Condition	Original Not Origi	nal Not Sure		
Location (attached a diagram if necessary):						
Type of material to be utilized:						
Fence of Wall						
Type of Work: Repair Replacement						
Existing Fence/Wall Material (masonry, wood, viny	l, etc.):	Existing Condition	Original Not Origi	nal Not Sure		
Location (attached a diagram if necessary):						
Type of material to be utilized:						

Other /	Additional Notes								
	Part	5. Nev	v Co	nstruction or	Ac	dition I	nformation (if repair only,	skip to Part 6)	
First Flo	oor Building Area (sq. f	t.):				To	otal Gross Floor Area (sq. ft.):		
Front B	uilding Setback (ft.):					Fr	rontage Buildout (ft.):		
	g Height Feet:					1200	cories:		
Describ district		onstructi	ion w	ill relate to the arch	nitec	tural scale,	massing, volumes and styles rep	presented within the applicable historic	
					15				
	8								
Indicate	e the proposed materia	als to be	utiliz	ed, distinctive archi	itect	ural featur	es and ornamentation:		
		Part	6. 8	Signage Inforn	nat	ion (if no	proposed signage, skip to	Part 7)	
	Type:	e: 🗌 Freestanding 🔲 Wall 🔲 Projecting 🔲 Aw			wning	Location:			
Sign 1	Total Area:	Area:			Width:		Depth: Projection from Wall:		
0.8 2	Material:			Mounting		Mounting	g Style:		
	Lighted: Yes	No	lf y	es, describe:					
	Type: Freestandi	ng 🔲	Wall	I ☐ Projecting ☐ Awning		wning	Location:	,	
Sign 2	Total Area:			Width:			Depth:	Projection from Wall:	
						Mounting	ng Style:		
	Lighted: Yes No If yes, describe:							×	
* *	Type: Freestanding Wall Projecting Aw					wning	Location:		
Sign 3	Sign Area: Width:			I	Depth: Projection from Wall:				
				Mounting	nting Style:				
	Lighted: Yes			ves, describe:	_		I		
	Type:  Freestand	ing	Wall	R R		Awning	Location:	[	
Sign 4	Sign Area:			Width:			Depth: Projection from Wall:		
				Mounting	Mounting Style:				
	Lighted: Yes	No	lf y	es, describe:					

	Required Documents	Hard Copies	Electronic Submission * (.pdf) (Required Document Name)
	A. Required for All Certificate of Appropriateness A	Applications	
X	Master Application Form	1	Master Application
Z.	Certificate of Appropriateness Application	1	COA
X	Color photographs of the property in context with surrounding properties, on printed paper	1	Photos
	B. Required for Alteration or Repair Applications		
X	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		
X	Elevation Drawing(s)	1	Elevations [YYYY]-[MM]-[DD]
	Floor Plan(s)	1	Floor Plan [YYYY]-[MM]-[DD]
	Vertical Building Section	1	Vertical Building Section
	Building Rendering(s)	1	Renderings [YYYY]-[MM]-[DD]
	D. Required for Signage Applications		**************************************
	Color Sign Rendering	1	Sign Drawing
	Sign Mounting Detail	1	Sign Mounting Detail
	Sign or Awning Material Information	1	Sign Awning Information
	E. Voluntary or Upon Request		
	Any additional information determined to be necessary by the Chief Planning Official	1	[Document Name]