



The Historic Commission meets on the fourth Tuesday of each month at 9:30 AM. The application for review shall be received by the West Pikeland Township office at 1645 Art School Road Chester Springs, PA 19425, eight (8) calendar days prior to the next scheduled meeting of the Historic Commission to be placed on the Agenda.  
Historic Commission Meeting.

For Office Use Only:

Date Comments Received from Building/Zoning Officer: \_\_\_\_\_

Date HC Application Received by Township Office \_\_\_\_\_

Date of Application Review Meeting by HC: \_\_\_\_\_

**Section III**

**DESCRIBE THE PROJECT**

1. Additions/New Construction/Subdivision

- Additions
- New Construction
- Building Relocation
- Subdivision/Land Development (*for information only*)
- Variance

2. Alterations/Renovation

- Storefront
- Roof/chimney/cornice
- Walls
- Doors
- Windows/shutters
- Porch/stoop/stairs
- Paint
- Repointing
- Exterior cleaning
- Trim
- Fences

3. Repair/Replacement

- Storefront
- Roof/chimney/cornice
- Walls
- Doors
- Windows/shutters
- Porch/stoop/stairs
- Paint
- Repointing
- Exterior cleaning
- Trim
- Fences/walls/gates

4. Signs/Awnings

- Sign
- Awning
- Other Sign

5. Demolition

- Demolition

6. Other

- Other

**SECTION IV**

**DETAIL DESCRIPTION OF THE PROJECT** (*Describe work on exterior only*)

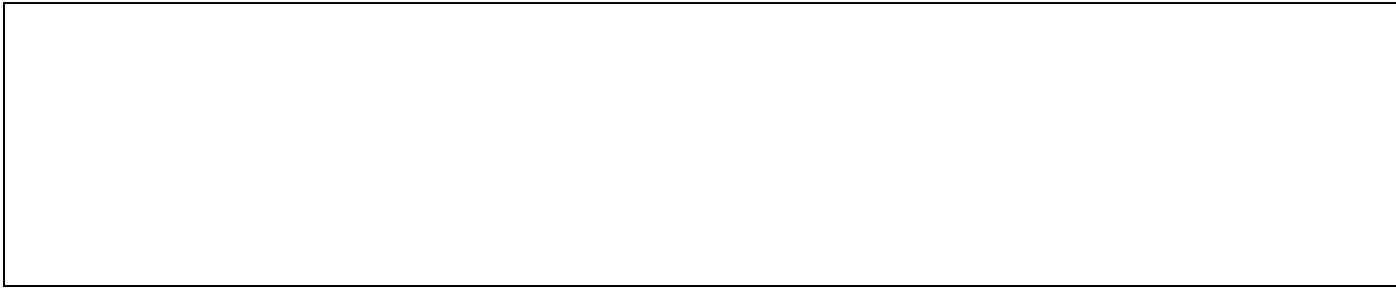
**SECTION V**

**PRESERVATION OF HISTORIC CHARACTER:**

*What steps will be taken to preserve your building's historic character and that of the surrounding district?*

**SECTION VI**

**OTHER INFORMATION THE HISTORIC COMMISSION SHOULD TAKE INTO CONSIDERATION REGARDING THE APPLICATION:**



APPLICANT SHALL SUBMIT ( 5 ) COPIES OF THE REQUIRED PLANS WITH THIS APPLICATION

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date \_\_\_\_\_

Note: This application along with a Building Permit Application must be submitted to the Township Office a minimum of eight (8) calendar days before the next HISTORIC COMMISSION meeting.

**TO BE FILLED IN BY HISTORIC COMMISSION**

Date Received from Township Office: \_\_\_\_\_

Date Application deemed complete: \_\_\_\_\_

Date of Meeting this Application Reviewed: \_\_\_\_\_

Letter of Recommendation sent to Bld./Zng.Off.: \_\_\_\_\_

Application No. \_\_\_\_\_

Date of Application (complete) \_\_\_\_\_

Date Twp. Office Notified \_\_\_\_\_