



West Pikeland Township

1645 Art School Road | Chester Springs PA 19425
westpikeland.com | 610-590-5300 | office@westpikeland.com

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS REVIEW BY HISTORIC ARCHITECTURAL REVIEW BOARD

IMPORTANT – APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, IV

Section I

Address of Building: _____

Zoning District: _____

Tax Parcel # _____ Ownership: Private (individual, corporation, nonprofit institution, ect.)
 Public (Federal, State, or Local)

Section II

Owner or Lessee

Name: _____
Mailing Address: _____ (No. Street)
_____ (City, State, Zip)
Phone: _____
Email: _____

Contractor

Name: _____
Contact Person: _____
Mailing Address _____ (No., Street)
_____ (City, State, Zip)
Phone: _____
Email: _____

Architect or Engineer

Name: _____
Contact Person: _____
Mailing Address _____ (No., Street)
_____ (City, State, Zip)
Phone: _____
Email: _____



West Pikeland Township

1645 Art School Road | Chester Springs PA 19425
westpikeland.com | 610-590-5300 | office@westpikeland.com

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS REVIEW BY HISTORIC ARCHITECTURAL REVIEW BOARD

The Historic Architectural Review Board meets on the 3rd Thursday of each month at 5:30 p.m. at the Township Building as needed. The application for a Certificate of Appropriateness 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 HARB to be placed on the Agenda. Please contact the Township Secretary at office@westpikeland.com for a schedule of meeting dates and times. **A Building Permit Application MUST accompany this application.**

Section III

DESCRIBE THE PROJECT

1. Additions/New Construction/Subdivision

- Additions
- New Construction
- 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. Signs/Awnings

- Sign
- Awning
- Other Sign

4. Demolition

- Demolition

SECTION IV

DETAIL DESCRIPTION OF THE PROJECT

- Description Attached



West Pikeland Township

1645 Art School Road | Chester Springs PA 19425
westpikeland.com | 610-590-5300 | office@westpikeland.com

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS REVIEW BY HISTORIC ARCHITECTURAL REVIEW BOARD

APPLICANT SHALL SUBMIT (10) COPIES OF THE FOLLOWING PLANS OR DIGITAL COPIES WITH THIS APPLICATION

- a. Color photographs showing the present appearance of the structure, fence, sign or area.
- b. A dimensioned site plan showing the location of the structure, fence or sign within the lot or property.
- c. Good quality drawings or sketches of the proposed addition(s) or renovation(s). (Include a description of materials, finishes and colors).
- d. Catalogue cuts of any replacement windows, doors, railings, downspouts, trim and hardware.

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 HARB SHOULD TAKE INTO CONSIDERATION REGARDING THE APPLICATION:



West Pikeland Township

1645 Art School Road | Chester Springs PA 19425
westpikeland.com | 610-590-5300 | office@westpikeland.com

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS REVIEW BY HISTORIC ARCHITECTURAL REVIEW BOARD

SECTION VII CERTIFICATION

Signature of Applicant _____ Date _____

Printed Name of Applicant: _____

Signature of Owner: _____ Date _____

Note: This application, along with a Building Permit Application and plans as described in Section IV must be submitted to the Township Office a minimum of eight (8) calendar days before the next HARB meeting.

For Office Use Only:

Date Comments Received from Building/Zoning Officer: _____

Date HARB Application Received by Township Office _____

Date of Application Review Meeting by HARB: _____

TO BE FILLED IN BY HARB COMMITTEE

Date Received from Township Office: _____

Date Application deemed complete: _____

Date of Meeting this Application Reviewed: _____

Letter of Recommendation sent to BOS: _____

Application No. _____

Date of Application (complete) _____

Date Twp. Office Notified _____

Within thirty (30) days following the discussion of this application between the applicant and HARB at the scheduled HARB meeting, HARB shall render, in writing, a letter of recommendation and discussion of adequacy or inadequacy to the Board of Supervisors. The Board of Supervisors shall review HARB's letter and, if applicable, render a decision at their next regularly scheduled Board of Supervisors meeting following the receipt of the HARB letter regarding the matter.

Date of HARB Letter of Review received by Township Office: _____

Date of Board of Supervisors Meeting to review Decision: _____

Letter of Decision of Board of Supervisors sent to Applicant: _____