



# West Pikeland Township

## 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: \_\_\_\_\_

# APPLICATION FOR CERTIFICATE OF APPROPRIATENESS REVIEW BY HISTORIC ARCHITECTURAL REVIEW BOARD

The Historic Architectural Review Board meets on the 3<sup>rd</sup> 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](mailto: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

### 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).

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- 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:**

**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.***

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*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: \_\_\_\_\_