

Historic and Architectural Review Board
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Project Address _____ Tax ID# _____

Property Owner _____ Phone: _____

Owner's Mailing Address _____

Applicant _____ Phone: _____

Applicant's Mailing Address _____

Applicant's email: _____

Meetings are the 1ST Monday of each month at 5:30pm. You or a representative must attend the meeting.
**** Application, photographs, and drawings must be submitted by the**
LAST MONDAY OF THE MONTH in order to be placed on the agenda. **
Electronic photographs and plans are preferred. Please contact our office for submission details.

1. **PHOTOGRAPHS** – Photographs of your building and neighboring buildings must accompany your application. (Digital versions are preferred)
2. **DRAWINGS** – Required drawings must accompany your application. Please submit two (2) copies of blueprints. Only one (1) copy of 8 1/2 x 11 or 11 X 17 drawing is necessary.

TYPE OF PROJECT PROPOSED:

- _____ Alteration, renovation, restoration
(1/4 or 1/8"=1'0" scale drawings required IF walls or openings altered.)
- _____ New addition (1/4 or 1/8"=1'0" scale drawings: elevations, floor plans, site plan)
- _____ New building or structure (1/4 or 1/8"=1'0" scale drawings: elevations, floor plans, site plan)
- _____ Demolition, removal of building or building features (1/4 or 1/8"=1'0" scale drawings: elevation of remaining site and site plan)

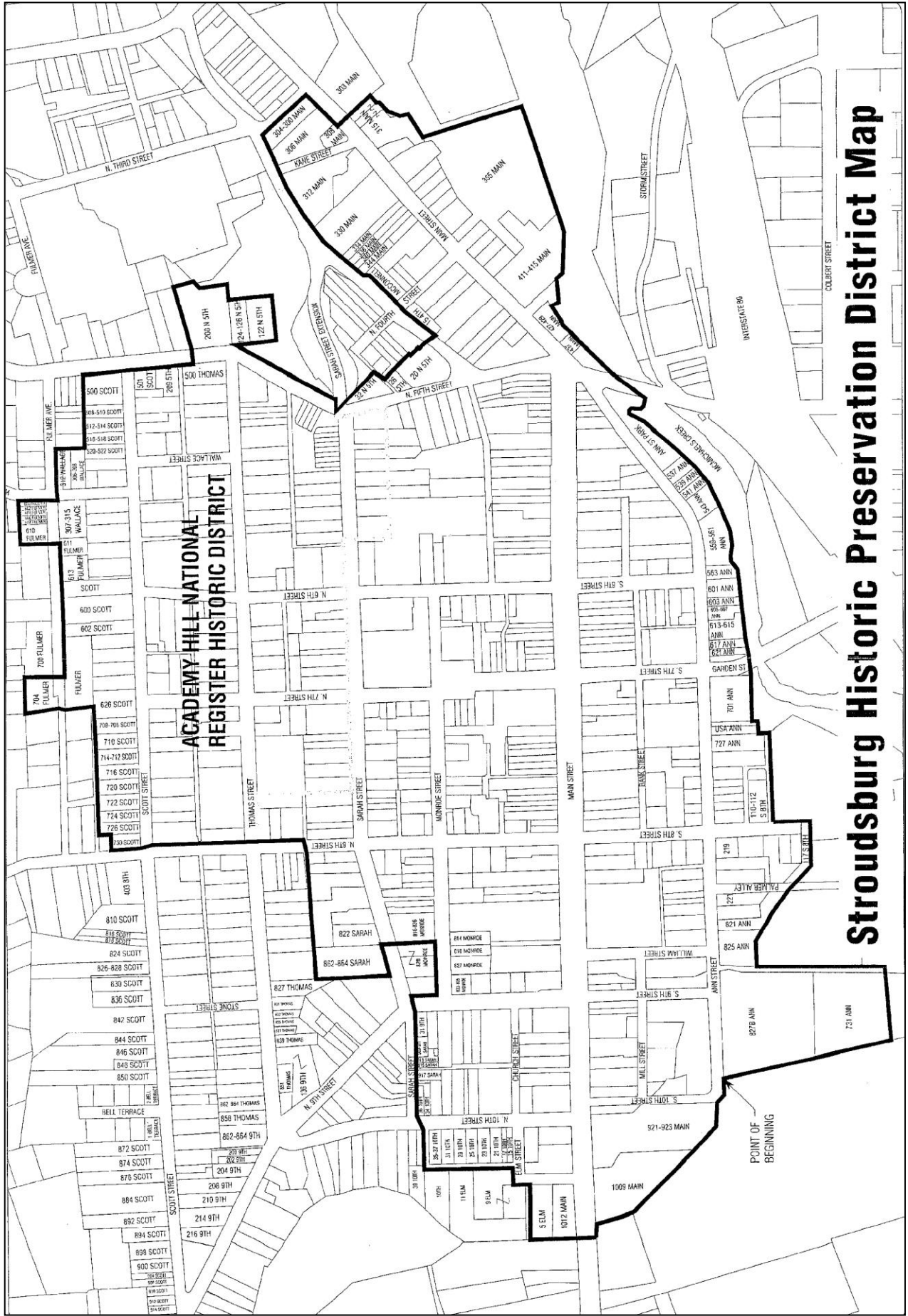
3. DESCRIPTION OF WORK – Check all that apply

- | | |
|---|--|
| _____ Siding and Masonry | _____ Trim and decorative woodwork |
| _____ Roofing, gutter and downspout | _____ Garages, utility sheds, outbuildings |
| _____ Windows, doors, and associated hardware | _____ Fences, porches, decks |
| _____ Storm windows and storm doors | _____ Signs |
| _____ Shutters and associated hardware | _____ Other _____ |

4. DESCRIBE PROJECT – Briefly describe all proposed work. Include manufacturers' specifications, proposed materials, and general appearance of desired results. Attach additional sheets as needed.

5. APPLICANT SIGNATURE: _____ Date _____

PROPERTY OWNER SIGNATURE: _____ Date _____



ACADEMY HILL NATIONAL REGISTER HISTORIC DISTRICT

Stroudsburg Historic Preservation District Map

POINT OF BEGINNING