

**City of York**

**Certificate of Appropriateness Application**

**Proposed project in Local Historic District**

**Project**

**Information:**

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

**Tax map #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant/Agent (circle one)**

**Information: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMPORTANT-PLEASE READ**

***An application is not considered complete until the information requested above has been completed, the application has been signed by the owner and/or agent and sufficient details describing the proposed project have been submitted. The required information for each type of construction project is listed in the online portal. If the application must be reviewed by the BAR, the completed application and documentation must be submitted by the 15th of the month for the meeting the following month. Please reference the adopted meeting schedule for more definitive information (*www.yorksc.gov*).***

**Please describe all requests (refer to www.yorksc.gov for design standards) (provide attachments if necessary):**

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**I acknowledge by my signature below that the submitted application is complete and accurate.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For staff use only:**

**ACTION TAKEN:**

* **Eligible for approval by City staff (Yes or No) Circle one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **The Board of Architectural Review hereby makes the following Motion with noted conditions (please note that a single Motion is required for the overall application):**

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* **Tabled- Date:\_\_\_\_\_\_\_\_\_\_**

**Record of Vote regarding the application:**

**(Indicate either denied or approved)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Member:** |  |  | **Member:** |  |  |  |
| **Member:** |  |  | **Member:** |  |  |  |
| **Member:** |  |  | **Member:** |  |  |  |
| **Member:** |  |  |  |

**Chairperson Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*A single Motion is required for the overall application\*\***

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