

**City of York- Board of Architectural Review
Proposed project in Local Historic District
Certificate of Appropriateness Application**

Project Information: Address _____ Tax map #: _____ Zoning District _____

Applicant Information: Name _____ Address _____
Telephone _____ Fax _____ Email _____

Agent Information: Name _____ Address _____
Telephone _____ Fax _____ Email _____

IMPORTANT-PLEASE READ

An application cannot be received for review by the Board of Architectural Review unless all applicable questions have been answered and the application has been signed by the owner and/or agent; and, sufficient details describing the proposed project have been submitted in accordance with specified meeting schedule deadline.

A Special Tax Assessment for Rehabilitated Historic Properties is available for eligible properties (more information and preliminary application is available at www.yorksc.gov)

Please describe your request:

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

Signature: _____ **Date:** _____

The Board hereby makes the following decision:

Record of Vote **Initial meeting Date** _____

	<i>Vote</i>		<i>Vote</i>
Member: _____	<input type="checkbox"/>	Member: _____	<input type="checkbox"/>
Member: _____	<input type="checkbox"/>	Member: _____	<input type="checkbox"/>
Member: _____	<input type="checkbox"/>	Member: _____	<input type="checkbox"/>

Vote

Chairperson Signature: _____