

BOROUGH OF LEWISBURG

FOR OFFICE USE ONLY

DATE RECEIVED

BY: _____

HISTORIC DISTRICT APPLICATION FOR A CERTIFICATE OF APPROPRIATENESS

This permit applies only to those properties located within the Lewisburg Historic District. Please fill out the information requested below and return this application to the Lewisburg Borough Zoning Administrator at the Central Keystone Council of Governments, 1610 Industrial Boulevard, Suite 400A, Lewisburg, PA 17837.

PROPERTY INFORMATION

Property Owner – Name & Address

Phone _____ Evening

Phone _____ Day

Fax _____

Property Address (if different from above)

Contact Person (if different from above)

Phone _____

Relation to Property Owner _____

PROPERTY TYPE	BUILDING TYPE	PROJECT TYPE
<input type="checkbox"/> Single-Family Residential <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____	<input type="checkbox"/> Main Structure <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Garage <input type="checkbox"/> Fence <input type="checkbox"/> Outbuilding / Shed <input type="checkbox"/> Deck	<input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> New Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Signage

PROJECT DESCRIPTION: Use this space to describe in detail the changes you plan to make to your property. Required information includes any changes in size or shape to the existing structure(s), any changes to exterior materials, changes to size, number, or type of windows & doors, etc. Please attach any photographs, sketches, and/or drawings that help describe your project. Product advertisements, material or spec sheets (if available) are recommended, when applicable.

PROJECT MATERIALS
(Please attach additional sheets, if needed)

Architectural Features (doors, windows, siding, etc.)	Original Material	Proposed Material

I hereby certify that the proposed work is authorized by the owner of record and that the work shall conform to all applicable laws of this jurisdiction. By receiving a Certificate of Appropriateness, I realize that a Building Permit and / or Zoning Permit **will also be required** prior to proceeding with the work outlined above.

SIGNATURE _____ DATE _____

PRINTED NAME _____ TITLE _____

DO NOT WRITE BELOW THIS LINE – BOARD USE ONLY

- | | |
|---|--|
| <input type="checkbox"/> Application complete (Required)
<input type="checkbox"/> Photographs attached (Required)
<input type="checkbox"/> Graphic Description attached (Required)
<input type="checkbox"/> Other Commission / Board Hearings (Required) | <input type="checkbox"/> Reviewed by Staff
<input type="checkbox"/> Conditions Reviewed by Building Inspector
<input type="checkbox"/> Flood Plain |
|---|--|

Decision

- | | |
|--|------------|
| <input type="checkbox"/> Recommended for approval | Date _____ |
| <input type="checkbox"/> Not recommended for approval | Date _____ |
| <input type="checkbox"/> Remanded for future consideration | Date _____ |

Reasons or Conditions

Motion by: EW KW MM PH RC SS TS

Seconded by: EW KW MM PH RC SS TS

VOTING RECORD: Unanimous

Votes for: EW KW MM PH RC SS TS

Votes against: EW KW MM PH RC SS TS

Signature _____
Chairperson, HARB

Date _____

Signature _____
Council President

Date _____