

CERTIFICATE OF APPROPRIATENESS APPLICATION

VILLAGE OF BATH

HISTORIC PRESERVATION COMMISSION

**Return completed application before the 1st Monday of the month to be reviewed in the scheduled monthly meeting. Return application to: Building Department, Municipal Bldg., 110 Liberty St., Bath, NY 14810**

Historic Property Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Preferred Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Preferred Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Owner/Renter/Lessee/Contractor/Architect (circle all that apply for applicant)

Proposed work: (Check all appropriate boxes)

New Construction/Addition  Exterior Remodeling  Demolition  Signage  Landscaping

Other (Please describe) \_\_\_\_\_

Scope of Work: (Describe work to be done) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional paper if needed.)

Reason for Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Proposed Work Specifications: (check only the items being provided with this COA application)

- Plot plans to scale showing existing and proposed work to be completed.
- Samples of materials to be used (wood, masonry, windows, doors, etc.)
- Drawings/sketches with measurements.
- Photographs of property and proposed area of work.

**Please Note: This application will not be accepted for review without the inclusion of the above required and noted specifications.**

Construction Schedule: (Approx. Start to Completion Dates) \_\_\_\_\_

Check & Identify who will be involved in the proposed work:

Applicant

Property Owner

Contractor: \_\_\_\_\_

Preferred Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

Preferred Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Other(s): \_\_\_\_\_

Preferred Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Other Related

Information/Concerns: \_\_\_\_\_

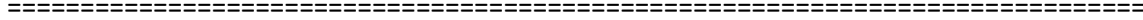
\_\_\_\_\_  
Owner Signature: (REQUIRED) \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: (REQUIRED) \_\_\_\_\_ Date: \_\_\_\_\_

Thank you, your application is completed.

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FOR OFFICE USE ONLY



Date Received: \_\_\_\_\_ Date(s) Reviewed: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Historic Preservation Commission

Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Historic Preservation Commission

Reason for Denial: \_\_\_\_\_

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Developed 6/10 RJ; Revision 4, 11/15 RJ