CHADDS FORD TOWNSHIP

Delaware County, Pennsylvania

HISTORIC & ARCHITECTURAL REVIEW BOARD

APPLICATION FOR A

CERTIFICATE OF APPROPRIATENESS (CoA)

PROPERTY/PROJECT INFORMA	TION	Date:		
Property Address	<u></u>			
		Location:		
Development Lot #			Chadds Ford Historic District	
Zoning District		Dilworthtowr	Historic District	
Date Originally Built	Dates of	Additions:		
Historic Name (if applicable)		Residential	Non-Residential	
APPLICANT INFORMATION				
Owner(s) Name & Mailing Address		Applicant (if different from Owner)		
Phono		Phono		
Phone Email			Phone Email	
Agent (Builder, Engineer, Attor Name		Basis of Standing: Owner Lessee	Equitable Owner	
Firm			please a provide copy of:	
Address		Deed*	,	
		Lease (Les	ssee/Tenant)*	
Phone		Agreemen	t of Sale (Equitable Owner)*	
Email		* Dollar amounts ma	ay be redacted from these documents.	
APPLICATION IS MADE BASED	ON NEED FOR:			
Building Permit Sign Permit		iin		
For New Subdivision/Land Devel	•			
Project Status and Date(s Preliminary Plan	•			
	_ FIIIAI FIAII			
OWNER CERTIFICATION		APPLICANT CERTIF		
I certify that I am the owner of the all and have authorized the Applicant to of Appropriateness for the changes attached plans for the property ident	o apply for a Certificate described on the	I certify that the information contained herein is true and accurate to the best of my information, knowledge and belief. I have been authorized by the Owner to make this application for the changes described on the attached plans for the property identified herein.		
Signature	 Date	 Signature		

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CoA Application—SECTION B

Fill out this page for all work <u>except Signs</u> including: new construction, renovations, demolitions, alterations, additions, rehabilitation, etc. If project includes a Sign, include Section C as well. Attach copies of plans and additional sheets as needed.

roject Narrative—describe work to be done:				
LEMENT	DESCRIPTION OF WORK	COLORS		
Chimney				
Doors		-		
Dormer/Cupola				
Fascia/Cornice				
Fence/Wall				
Foundation		_		
Garage Doors				
Gutters and Leaders				
Patio/Deck/Porch				
Roof				
Shutters				
Sidewall				
Skylights				
Soffit				
Stoop/Stair				
Trim				
Windows				
Other				
CTION B. APPLICATION	I CHECKLIST			
BMIT (1) ELECTRONIC CO	PY AND (7) HARDCOPIES OF THIS APPLICATION WITH THE Township's Electronic Media Policy)	FOLLOWING:		
This Application Package Architectural Plans (Scal Elevations Plot/Site Plan (minimum Location Map (minimum Elevations of any Buildin Color Drawings or Rende Color Photographs of cu	e; 1 of which to be a signed original. e ¼" = 1' preferred) scale 1" = 50')			

HISTORIC & ARCHITECTURAL REVIEW BOARD				
CoA Application—SECTION C Fill out this page for SIGNS including new signs, repair, renovation, changes, etc. If construction is to be performed as well, complete Section B. Attach additional pages as necessary.				
	—describe work to be done:			
ELEMENT	DESCRIPTION			
Туре				
Location				
Mounting				
Shape				
Size				
Materials				
Logo				
Background Color				
Lettering Colors				
Other Colors				
Lighting				
SECTION C. APPLIC	ATION CHECKLIST			
	NIC COPY AND (7) HARDCOPIES OF THIS APPLICATION WITH THE FOLLOWING:			
` ,	nce with Township's Electronic Media Policy)			
This Application F Scaled Drawing o Color Rendering Plot or Site Plan (Location Map (mi	Package; 1 of which to be a signed original. If Sign (scale of ¼" = 1' preferred) minimum scale 1" = 50') to include sign location(s) nimum scale 1" = 2000') s of Proposed Sign Location(s) (8" x 10" minimum)			

In addition: Samples of Proposed Materials, Textures, Color Chips, Manufacturer cut-sheets, Catalogs, etc. are to be provided at time of HARB meeting.

Color Photographs of Adjacent Buildings and Properties (8" x 10" minimum)