

**CERTIFICATE OF APPROPRIATENESS
APPLICATION**

**VILLAGE OF BATH
HISTORIC PRESERVATION COMMISSION**

Return completed application **before** the 1st Monday of the month to be reviewed on the 2nd Monday of the month. Return application to: Building Department, Municipal Bldg., 110 Liberty St., Bath, NY 14810

Applicant Name: _____

(Owner or Contractor)

Mailing Address: _____

Home Phone: _____ **Cell Phone:** _____

Owner Name (if other than applicant): _____

Property Address: _____

Date acquired by current owner: _____

Current use: _____

(i.e. Owner residence, business, rental, etc.)

Proposed use: _____

(i.e. Owner residence, business, rental, etc.)

Property History (refer to deed, historical documents, personal/best knowledge)

Date of original construction: _____

Original Architect/Builder: _____

History of Use: _____

History of Alteration(s): _____

Proposed work: (Check all appropriate boxes)

- New Construction/Addition (Submit items A, B, C, D, & E from Submission Checklist below.)**
- Exterior Remodeling (Submit items B, C, D, & E from Submission Checklist below.)**
- Demolition (Submit items A & E from Submission Checklist below.)**
- Signage (Submit items A, B, D, & E from Submission Checklist below.)**
- Landscaping (Submit items A, B, D, & E from Submission Checklist below.)**
- Other (Please Identify)**

Submission Checklist (Application will not be accepted without all required items.)

- A. Plot plans to scale showing existing and proposed construction/demolition.**
- B. Specifications.**
- C. Samples of finish materials.**
- D. Drawings/sketches with measurements.**
- E. Photographs of property and proposed area of work.**

Scope of Work: (Describe work to be done) _____

Reason for Work: _____

Construction Schedule: (Approx. Start to Completion Dates)

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

Architect/Engineer: _____

Phone #'s _____ **Office:** _____ **Cell:** _____

Contractor: _____

Phone #'s _____ **Office:** _____ **Cell:** _____

Property Owner: _____

Phone #'s _____ **Home:** _____ **Cell:** _____

Other(s): _____

Phone #'s _____ **Office:** _____ **Cell:** _____

Other Related Information/Comments: _____

Owner Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____
(If other than owner)

Date Received: _____ **Date(s) Reviewed:** _____

Approved: _____ **Date:** _____
Historic Preservation Commission

Denied: _____ **Date:** _____
Historic Preservation Commission

Reason for Denial: _____

