

UPPER ALLEN TOWNSHIP CERTIFICATE OF APPROPRIATENESS

DIRECTIONS FOR REQUESTING CONSIDERATION OF A CERTIFICATE OF APPROPRIATENESS FOR THE HISTORICAL ARCHITECTURAL REVIEW BOARD

- 1. Complete the application. Please print legibly or type the information.
- 2. **SIGN** and **DATE** the application.
- 3. A **COMPLETE** application, with plans, applicable reports, drawings, and any additional information relevant to the request must be submitted to the Township's Community Development Office.
- 4. Ten (10) copies of all complete documentation must accompany this completed application. **PLEASE NOTE**: A dimensional plot plan must be submitted showing proposed work and all existing structures. (Plot plans must include the property lines [length, width, and parcel square footage], setbacks, and known Easements).
- 5. The application and all additional materials submitted with the application must be originals. The Township will not accept fax copies of any materials associated with this application.
- 6. Applications must be received by the Township by 4:30 p.m. at least three weeks prior to the next Historical Architectural Review Board (HARB) meeting date in order to be placed on the agenda. If the application submitted is not complete, the Township reserves the right to immediately deny the application and return it to the application without the Historical Architectural Review Board's and Board of Commissioner's review and action on the application.
- 7. For more information please visit our website at http://www.uatwp.org or contact the Township's Community Development Department at 717-766-0756.

I/We have read and understand the directions:	
Signature	Date
Print Name	



UPPER ALLEN TOWNSHIP APPLICATION CERTIFICATE OF APPROPRIATENESS

Upper Allen Township 100 Gettysburg Pike Mechanicsburg, PA 17055 www.uatwp.org **Community Development Department**

(Exterior Measurements Including Covered Porches)

Office: 717-766-0756 Fax: 717-796-9833

OFFICE HOURS: Monday through Friday 8:00 A.M. to 4:30 P.M.

Property Address/Location			
	ts if necessary):		
The undersigned applicant hereby applies	es for a permit to:		
Property Type: ☐ Residential ☐ Commercial/Institutional ☐ Other			
Type of Work: ☐ New Construction	☐ Addition ☐ In-kind Replacement		
••	•		
	Proposed:		
Estimated Cost of Proposed Work:			
FLOODPLAIN			
Is the site located within an identified flood	•		
Will any portion of the flood prone area be o	1		
	ill be within a flood prone area the "Supplement to Building Permit in the Floodplain" must be completed and submitted along with this		
application.			
STRUCTURE USE	SIZE OF PROPOSED STRUCTURE		
Existing Proposed	Length: Width Height		
Families			
Stories Total Square Footage:			
Lot Size	Square Footage of All Existing Structures		

Proposed Material

Original Material

EXTERIOR ALTERATIONS

Elevation

Feature

Include photographs of the structure, noting which features will be replaced along with specifications and/or drawings of the proposed replacement feature(s) that include measurements. Please indicated which elevations will be altered (i.e. north, south, etc.) and the type of materials being used (i.e. wood, brick, stone, etc.). Please provide samples of any non-traditional materials being proposed, if applicable.

Existing Material

Walls				
Windows				
Doors				
Roof				
Cornices				
Brackets				
Shutters				
Columns				
Railing				
Other:				
	ing of the proposed	! sign(s) and an image of the	e building/site indicating the	e sign placement.
	_			
Dimension of	each sign			
Description o	f how the sign w	ill be anchored		
proposed fence	e design.		ntion of the fence, and pho	otographs or drawings of the
Height:		Location:		
	aphs of the building	ng to be demolished. Both in sons for demolition.	nterior and exterior photos n	nay be necessary to convey the
Most recent u	se of the building	j		
Reason for de	emolition:			
Future use of	the site:			

CONTACT INFORMATION

Applicant Information:	
Name:	Address:
Phone:	Fax:
E-mail:	
HOW DO YOU WISH TO RECEIVE CORRESPONDENCE	□ EMAIL □ MAIL
Property Owner Information (if different from the	Applicant):
Name:	Address:
Phone:	Fax:
E-mail:	
Contractor/Designer/Engineer (if applicable):	
Company/Contact Person:	
Address:	
Phone:	Fax:
E-mail:	
any Township consultant to enter the exterior premises of	Foard members, Board of Commissioners, Township staff, and of this property between 8:00 a.m. and 8:00 p.m., at their own proval, as needed to determine compliances with Township Date
for the purpose of consideration of a Certificate of Appr State Act 167 of 1961, P.L. 282, as amended, and Chapte My/Our signatures below certify that all of the above	cation to the Upper Allen Township Board of Commissioners ropriateness for the above-referenced property pursuant to the er 155 of the Code of the Township of Upper Allen Township. It is referenced statements and information and any additional of are true and complete to the best of my/our knowledge and
Signature of Applicant (if different than property owner)	Date
Signature of Property Owner	 Date