

Bellefonte Historical and Architectural Review Board Application

Borough of Bellefonte

236 West Lamb Street, Bellefonte, PA 16823

Phone: 814-355-1501, ext. 16

Fax: 353-2315

Website: www.bellefonte.net

Email: vdainty@bellefonte.net

HARB Application for a Certificate of Appropriateness

DATE RECEIVED: _____

INSTRUCTIONS: All applicants must complete sections I through VII and sign. Please print legibly and complete all sections that relate to your proposed work. All applications must include photographs of building elevations visible from the public ways and other relevant supporting materials such as indicated throughout this application or as requested by Borough staff. Applications cannot be processed without thorough explanations and adequate supporting materials. HARB meetings are held in Bellefonte Borough Council Chambers at the Borough building, 236 West Lamb Street, Bellefonte, PA on the second and fourth Tuesdays of each month at 8:30 a.m.

Failure to include complete descriptive information and required supporting materials, or failure of the applicant or the applicant's representative (such as: contractor, family member or hired professional) to appear at the scheduled HARB meeting will result in postponement of the application. The proposed project is not to begin until Borough Council approves the project by issuing a Certificate of Appropriateness. Council makes their decision after receiving the recommendation of HARB. You may also need a building and or zoning permit before starting work on the project.

Detailed documentation must accompany the application. Applications must be received by the Borough of Bellefonte at 236 West Lamb Street, Bellefonte, PA 16823. To appear on a meeting agenda, applications for project review must be received by noon on the Wednesday prior to the HARB meeting at which your project is to be reviewed. Call Ms. Vana Dainty at 814-355-1501, Ext. 16 with any questions regarding this form or the HARB process.

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**I. PROJECT STREET ADDRESS:**

\_\_\_\_\_

**II. APPLICANT INFORMATION:**

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

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_

**III. OWNER INFORMATION** *(If different from applicant):*

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

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_

**IV. CONTRACTOR/DEVELOPER/DESIGN PROFESSIONAL OF RECORD:**

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

**V. DESCRIBE THE PROJECT (Check all that apply):**

1. New Construction/Additions: \_\_\_\_\_ Additions \_\_\_\_\_ New Construction

2. Alterations/Rehabilitation:

- |                                              |                                                      |                                       |
|----------------------------------------------|------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Doors               | <input type="checkbox"/> Porch/Stoop/Stairs/Railings | <input type="checkbox"/> Windows      |
| <input type="checkbox"/> Exterior Cleaning   | <input type="checkbox"/> Roof/chimney/cornice        | <input type="checkbox"/> Walls/siding |
| <input type="checkbox"/> Masonry/Re-Pointing | <input type="checkbox"/> Storefront                  |                                       |
| <input type="checkbox"/> Paint/Finishes      | <input type="checkbox"/> Walls/Gates/Fences          |                                       |

3. Repair/Replacement:

- |                                              |                                                      |                                       |
|----------------------------------------------|------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Doors               | <input type="checkbox"/> Porch/Stoop/Stairs/Railings | <input type="checkbox"/> Windows      |
| <input type="checkbox"/> Exterior Cleaning   | <input type="checkbox"/> Roof/chimney/cornice        | <input type="checkbox"/> Walls/siding |
| <input type="checkbox"/> Masonry/Re-Pointing | <input type="checkbox"/> Storefront                  |                                       |
| <input type="checkbox"/> Paint/Finishes      | <input type="checkbox"/> Walls/Gates/Fences          |                                       |

4. Signs/Awnings/Lighting:

- |                                        |                                                    |                                                  |
|----------------------------------------|----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> New Sign      | <input type="checkbox"/> New Awning or Canopy      | <input type="checkbox"/> External Sign           |
| _____ Illumination                     |                                                    |                                                  |
| <input type="checkbox"/> Existing Sign | <input type="checkbox"/> Existing Awning or Canopy | <input type="checkbox"/> Lighting of the         |
| _____ Building                         |                                                    |                                                  |
| <input type="checkbox"/> Repair        | <input type="checkbox"/> Repair                    | <input type="checkbox"/> Street or Area Lighting |
| <input type="checkbox"/> Replace       | <input type="checkbox"/> Replace                   |                                                  |
| <input type="checkbox"/> Rehabilitate  | <input type="checkbox"/> Rehabilitate              |                                                  |

5. Building Relocation/Demolition/Other

Relocation – Indicate New Location  
\_\_\_\_\_

Demolition – Indicate New Proposed Use at Site  
\_\_\_\_\_

Other – Describe Below

**VI. PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED WORK.** Include existing and proposed conditions, dimensions, materials and locations (use another sheet of paper for additional information:

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**VII. OTHER INFORMATION YOU FEEL HARB SHOULD CONSIDER:**

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**Supporting Material:**

- Photographs
- Samples of building materials
- Drawings of new construction / alterations
- Exterior paint color samples
- Product specifications

**Meeting Time and Place:**

The Bellefonte HARB meets at 8:30 a.m. on the second and fourth Tuesday of each month. For review, a HARB application must be received by noon on the Wednesday preceding the meeting. Meetings are held in Council Chambers in the borough building, 236 West Lamb Street, Bellefonte. By my/our signatures hereon, I/we hereby certify that the designated work on the subject property is authorized by the legal owner(s) and that I/we agree to comply with all applicable laws, ordinances, and regulations pertaining to the work. I/we understand that false or misleading information herein could result in denial of the application, civil or criminal penalties, and/or revocation of permits issued pursuant to the proposed work.

I/we hereby acknowledge that work will not commence prior to final approval by the Borough of Bellefonte Council.

\_\_\_\_\_  
Signature of Responsible Party Date

\_\_\_\_\_  
Print Name Title ( \_\_\_ Owner \_\_\_ Contractor \_\_\_ Developer \_\_\_ Design Professional (*Check Applicable Title*))

**FOR OFFICIAL USE ONLY:**

**HARB ACTION**

**MEETING DATE:** \_\_\_\_\_

- \_\_\_ Recommend Approval as Presented
- \_\_\_ Recommend Approval with Conditions
- \_\_\_ Recommend Denial      Vote: \_\_\_ For \_\_\_ Against \_\_\_ Recused
- \_\_\_ Tabled    Reason \_\_\_\_\_

Comments: \_\_\_\_\_

**ACTION OF COUNCIL**

**COUNCIL MEETING DATE:** \_\_\_\_\_

- \_\_\_ Approved \_\_\_ Denied \_\_\_ Tabled

Comments: \_\_\_\_\_

**RECORD OF EVENTS**

1. PP&Z received application for C of A      Date: \_\_\_\_\_

2. HARB reviewed application for a C of A      Date: \_\_\_\_\_

**3. CITY COUNCIL**

- Received Recommendation from HARB      Date: \_\_\_\_\_
- Council Meeting Approval of C of A      Date: \_\_\_\_\_
- Council Meeting Denial of C of A      Date: \_\_\_\_\_
- Letter/C of A to Applicant      Date: \_\_\_\_\_

**4. BUILDING CODE OFFICIAL**

- Building Permit Issued \_\_\_\_\_ Permit # \_\_\_\_\_
- Building Permit Revoked \_\_\_\_\_ Issuing Inspector \_\_\_\_\_
- Final Inspection by \_\_\_\_\_ Date: \_\_\_\_\_
- Verification of proper application according to the C of A Initial: \_\_\_ Date: \_\_\_\_\_

*Refer to Permits, Planning & Zoning for a record of inspections performed and results of inspections.*

**FINAL COMMENTS** (attach additional sheets as necessary):

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_