



CERTIFICATE OF APPROPRIATENESS APPLICATION

HISTORICAL ARCHITECTURAL REVIEW BOARD

BOROUGH OF BELLEFONTE

OFFICE OF COMMUNITY AFFAIRS

236 West Lamb Street

Bellefonte, Pennsylvania 16823

814-355-1501

www.bellefonte.net/historic-preservation

Property Address:	Parcel No.:
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Review Request: <input type="checkbox"/> Discussion/Feedback <input type="checkbox"/> Conceptual* <input type="checkbox"/> Preliminary* <input type="checkbox"/> Final <small>* Required only for new construction/large projects</small>	Project Scope: <input type="checkbox"/> Discussion/Feedback <input type="checkbox"/> Normal Project <input type="checkbox"/> New Construction <input type="checkbox"/> Partial Demolition <input type="checkbox"/> Full Demolition	Meeting Date Requested: <input type="checkbox"/> Large Project <input type="checkbox"/> Full Demolition
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Owner/Applicant Information:					
Property Owner:		Daytime phone:			
Property Owner's mailing address:					
City:		State:		Zip:	
Property Owner's email:					
Applicant:		Daytime phone:			
Applicant's mailing address:					
City:		State:		Zip:	
Applicant's email:					
Applicant's relationship:	<input type="checkbox"/> Owner	<input type="checkbox"/> Design Professional	<input type="checkbox"/> Contractor	<input type="checkbox"/> Real Estate Agent	<input type="checkbox"/> Other

Project Description: In your own words describe your project:

Submittal Requirements: See the appropriate project specific [HARB Information & Submittal Requirements](#) for complete information. INCOMPLETE APPLICATIONS WILL NOT BE INCLUDED ON A BOARD AGENDA.

I hereby acknowledge by my signature below that the foregoing application is complete and accurate and that I am the owner of the subject property or an authorized representative. I authorize the subject property to be inspected and will grant right of entry if necessary and right for the application to be heard by the Historical Architectural Review Board of the Borough of Bellefonte on or after the date specified.

Applicant's Signature: _____ **Date:** _____

Printed Name: _____

Application Fee: \$25.00

For Office use only:	Date Received:	Staff person:	<input type="checkbox"/> Complete	To Be Reviewed by: <input type="checkbox"/> Staff <input type="checkbox"/> HARB Board
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