



Bellefonte Historical Architectural Review Board Sign Application Review

** Must also apply for zoning approval before installing signage*

Property Location: _____

Name of Applicant: _____ **Contact:** _____

Applicant Address: _____ **Zip Code:** _____

Check Appropriate Box: Property Owner Business Owner Contractor

Name of Property Owner: _____ **Contact:** _____

Owner Address: _____

§ 575-126: Signs in the Historic District:

B.(2): **Acceptable sign types.** These include:

- (a) Framed on a background;
- (b) Painted on a building or mounted on a board;
- (c) Individual letters cut out and mounted;
- (d) Small plaques;
- (e) Etched or painted signs on window glass, covering no more than 20% of the glazing area
- (f) Awning signs, provided the awning is of traditional material (e.g., canvas) and design (e.g., retractable and sloping rather than fixed or rounded).

B.(3): **Placement.** Signs shall be placed in traditional locations on building facades.

B.(4): **Installation.** Installation should not obscure existing architectural features.

B.(5): **Colors.** Sign colors should be historically accurate and should be compatible with those on the building and adjacent buildings.

Sign Information: Size: _____ Color(s): _____

Materials: _____

Maker & Contact Info: _____

Placement on building: _____

Description of Proposed Sign: *(attach additional information as necessary)*

Required Attachments:

- Drawing or photo of sign(s)
- Photo showing current view of the property from public right(s)-of-way where sign will be visible.

Failure to include adequate descriptive information and/or failure of the applicant or his representative to appear at the scheduled HARB meeting will result in postponement of the application. The proposed work cannot be undertaken until Borough Council's approval for a Certificate of Appropriateness.

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.

Applicant Signature: _____ **Date:** _____

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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