



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 ext 216

www.bellefonte.net/historic-preservation

Property Address:

Review Request:

- Discussion/Feedback Conceptual*
- Preliminary* Final

* Required only for new construction/large projects

Project Scope:

- Discussion/Feedback Normal Project Large Project
- New Construction Partial Demolition Full Demolition

Meeting Date Requested:

Owner/Applicant Information:

Property Owner:		Daytime phone:			
Property Owner's mailing address:					
City:		State:		Zip:	
Property Owner's email:					
<i>If the applicant and property owner are the same, please provide the contractor/design professional information in the space below</i>					
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 <input type="checkbox"/> To Be Reviewed by: <input type="checkbox"/> Staff <input type="checkbox"/> HARB Board
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Any questions, please contact Gina Thompson, HARB Administrator, at gthompson@bellefontepa.gov or 814-313-1573