

## The Borough of Newtown Historic Architectural Review Board

## CERTIFICATE OF APPROPRIATENESS (COA) APPLICATION

Please type or print legibly with ink. Shaded area to be completed by Borough staff. **Property Address:** Application # Submission date HARB meeting date **Owner Information:** Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Address: Email Address: **Applicant Information (if different):** Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_ Evening Phone: \_\_\_\_ Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: **Property Information:** Name of Business (if applicable): Proposed Use: \_\_\_\_\_ Zoning classification of property if change in use: TMP#: \_\_\_\_\_ Project Description (check all that apply) Adaptive Addition Alteration Demolition New reuse construction Replace Other Repair (not in kind) (not in kind) (identify) , Deck Railing or Baluster Window, Screen, Storm Shutter Porch, Deck, Stoop, Stairs orch or Deck Column Post Door, Screen, Storm Masonry, Brickwork Eave, Cornice, Soffit Lighting Fixtures, Hardware **Sutter, Downspout** ence, Wall, Gate Dormer, cupola Architectural Porch Roof Chimney Trim Roof Repair Replace

Detailed description of all exterior work at the building and project site (see checklist for required information):		
Proposed Start Date:	may not begin prior to receipt of a signed Certificate of	
Preservation of Historic Character:  What steps will be taken to preserve the building	g's historic character and that of the surrounding area?	
Other information the HARB should consider wh	en reviewing this application:	
PROPERTY OWNER CERTIFICATION		
(Print name above)	(Print name above)	
(Sign name above)	(Sign name above)	
(Date)  APPLICANT CERTIFICATION, if not Owner	(Date)	
(Print name above)	(Print name above)	
(Sign name above)	(Sign name above)	
	(Date)	