

**BOROUGH OF WEST CHESTER**  
**HISTORICAL AND ARCHITECTURAL REVIEW BOARD**  
**(HARB)**

**Application for Certificate of Appropriateness**

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The Historical and Architectural Review Board meets the last Thursday\* of each month at 7:00 pm at West Chester Borough Hall, in room #232. All meetings are open to the public.

**Please read this information carefully before completing the application:**

- The Historical and Architectural Review Board can review your application without your presence at the meeting, however, unanswered questions concerning your application may cause the tabling of your application until the next meeting. Keep in mind, the HARB only meets once per month.
- Please submit one paper copy of your application and email an electronic copy to Tiffany Parry – tparry@west-chester.com. Application must be completed in its entirety and signed by property owner. All pictures, drawings and renderings must be submitted at the time of application. The Department of Building & Housing will not accept incomplete applications.
- The owner of the property is required to sign the application.
- Your application is due by 5:00 pm, 10 days prior to the HARB meeting (please see attached meeting schedule).
- You are only required to complete the relevant sections of the application.
- Please be sure to include any current photographs, elevations, relevant drawings, specific lettering (fonts) for signage, and old documents or photographs that you may have researched.
- If your application involves the repointing of brick masonry, please contact a HARB member for a complimentary copy of an instruction article that describes the proper mortar mix required for use on historic structures.

\*Please verify the meeting date on the attached meeting schedule. Meeting dates that conflict with holidays or other events may be changed to another date.

DATE APPLICATION RECEIVED: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

APPLICANT'S EMAIL: \_\_\_\_\_

Note: All projects must have the appropriate sections completed in its entirety and attached to this form. *Only attach the applicable sections.* The application number will be assigned by the Building & Housing Department.

1) This application is for (check all appropriate boxes):

- Section #1 – Sign
- Section #2 – Canopy or Awning
- Section #3 – Repair, replacement or alteration from original  
*(please supply photos or elevations of original)*
- Section #4 – Addition  
*(supply architectural elevations and site drawings, as well as photos of the existing structure)*
- Section #5 – New Construction  
*(supply architectural elevations and site drawings, as well as photos of buildings next to and around the site)*
- Section #6 - Demolition

2) Please indicate which items you are submitting with your application form. Do not submit originals, since they will be kept by the HARB for its official archives:

- Color or B/W Sketches
- Old or Historic Photographs
- Plot or Site Plans
- Architectural Elevations
- Photographs of the current existing site showing where changes are to be made, location of buildings and streetscape.

***All sketches, elevations, and plans must be signed by the preparer(s)***

The owner of this property and the applicant agree to conform to all applicable findings of the Borough of West Chester Historical and Architectural Review Board.

Applicant's name (print): \_\_\_\_\_

Applicant's Signature:

Date:

\_\_\_\_\_

Owner's Name (print): \_\_\_\_\_

Owner's Signature:

Date:

\_\_\_\_\_

**Note:** Check with the Building and Housing office of the Borough of West Chester to see if you need a building permit as well as a Certificate of Appropriateness **before** you begin your project

DATE APPLICATION RECEIVED: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_

**SECTION #1 – SIGNS**

*(Attach a separate Section #1 for each of the signs you want to install)*

**Instructions:** Provide color or black and white sketches of each sign and its message. Also show the proposed location and proportion to building façade. Attach photos of the streetscape and adjacent buildings.

Location of project: \_\_\_\_\_

Name of business: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

Applicant's phone number: \_\_\_\_\_ Applicant's email: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Owner's telephone number: \_\_\_\_\_

- 1) Are you replacing an existing sign? \_\_\_\_\_
- 2) How many signs do you wish to install? \_\_\_\_\_
- 3) On how many facades? \_\_\_\_\_ Front \_\_\_\_\_ Side \_\_\_\_\_ Back
- 4) \_\_\_\_\_ Hanging Sign \_\_\_\_\_ Building-mounted \_\_\_\_\_ Other
- 5) Give a thorough description of sign: \_\_\_\_\_  
\_\_\_\_\_
- 6) Is there new illumination? \_\_\_\_\_ Fixture Type? \_\_\_\_\_  
*How will it be mounted?* \_\_\_\_\_
- 7) Sign Dimensions: Height: \_\_\_\_\_ x Width: \_\_\_\_\_ x Depth: \_\_\_\_\_
- 8) If a hanging sign, what is the height from the sidewalk to the bottom of the sign? \_\_\_\_\_  
(Borough Code requires 8'-0 minimum to bottom of sign)
- 9) How will this sign be mounted? \_\_\_\_\_  
***(please note: any attachment to a masonry façade must be done through the mortar joints, NOT into the masonry).***
- 10) If a hanging sign, describe the hanging bracket: \_\_\_\_\_
- 11) If a hanging sign, is this an existing bracket: \_\_\_\_\_
- 12) Colors: \_\_\_\_\_
- 13) Message: \_\_\_\_\_
- 14) Lettering style: please note that the historic preference is for any "serif" type: \_\_\_\_\_

**Please be sure to attach sample of sign wording in chosen lettering style**

DATE APPLICATION RECEIVED: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_

**SECTION #2 – CANOPY OR AWNING**

*(Attach a separate Section #2 for each of the canopies or awnings you want to install)*

**Instructions:** Provide color or black and white sketches of each canopy or awning. Also show the placement and proportion to building façade where it is going to be placed. Attach photos of the streetscape and adjacent buildings.

Location of project: \_\_\_\_\_

Name of business: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Applicants' address: \_\_\_\_\_

Applicant's phone number: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Owner's telephone number: \_\_\_\_\_

1) Are you replacing an existing canopy or awning? \_\_\_\_\_

2) How many canopies or awnings do you wish to install? \_\_\_\_\_

3) On how many facades? \_\_\_\_\_ Front \_\_\_\_\_ Side \_\_\_\_\_ Back

4) Material: give a thorough description of the type and style to be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) How will it be mounted? \_\_\_\_\_  
(please note that any attachment to a masonry façade must be done through the mortar joints and NOT the face of the masonry)

6) Are you reusing an existing canopy or awning skeleton(s)? \_\_\_\_\_

7) Is there new canopy or awning illustration? \_\_\_\_\_ Fixture type? \_\_\_\_\_  
How will it be mounted? \_\_\_\_\_

8) Canopy or Awning Dimensions: Height: \_\_\_\_\_ x Width: \_\_\_\_\_ Depth: \_\_\_\_\_

9) What is the height from the sidewalk to the bottom of the canopy or awning? \_\_\_\_\_  
**(Borough Code requires 8'-0 minimum to bottom of sign)**

10) Colors: \_\_\_\_\_

11) Message: \_\_\_\_\_

12) Lettering style: please note that the historic preference is for any "serif" type: \_\_\_\_\_

**Please be sure to attach sample of sign wording in chosen lettering style**

DATE APPLICATION RECEIVED: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_

**SECTION #3 – REPAIR, REPLACEMENT OR ALTERATION**

*(Attach a separate Section #3 for each of the repairs, replacements or alterations you wish to make)*

**Instructions:** Provide clear photographs showing the location of each proposed improvement, including photos of streetscape and the adjacent buildings. Provide architectural elevations and/or photographs clearly showing the location of the proposed work. Provide material specifications and manufacturer's pamphlets on the replacement materials proposed.

Name of business: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

Applicant's phone number: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Owner's telephone number: \_\_\_\_\_

1) Which element do you wish to change: \_\_\_ Doors \_\_\_ Windows \_\_\_ Roofing \_\_\_ Gutters  
\_\_\_ Walls \_\_\_ Steps \_\_\_ Sidewalk \_\_\_ Fence \_\_\_ Trim \_\_\_ Railing \_\_\_ Porch or Balcony  
\_\_\_ Other (specify) \_\_\_\_\_

2) On how many facades? \_\_\_\_\_ Front \_\_\_\_\_ Side \_\_\_\_\_ Back

3) What was the old is the material? \_\_\_\_\_

4) What is the proposed new material? \_\_\_\_\_

5) How will it be installed? \_\_\_\_\_

6) Are you using any historical materials? \_\_\_\_\_

7) Is so, what and how? \_\_\_\_\_

8) What were the old dimensions? Height: \_\_\_\_\_ x Width: \_\_\_\_\_ Depth: \_\_\_\_\_

9) What are the new dimensions? Height: \_\_\_\_\_ x Width: \_\_\_\_\_ Depth: \_\_\_\_\_

10) What were the old colors? \_\_\_\_\_

11) What are the new colors? \_\_\_\_\_

12) Why do you wish to make these changes? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE APPLICATION RECEIVED: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_

**SECTION #4 – ADDITIONS**

**Instructions:** Include one application per addition. Provide clear photographs showing the location of each proposed addition. Also attach photographs of the streetscape and adjacent buildings. Provide architectural elevations and/or photographs clearly showing the location of the proposed work. Provide material specifications and manufacturer’s pamphlets on the replacement materials proposed.

Name of business: \_\_\_\_\_

Applicant’s name: \_\_\_\_\_

Applicant’s address: \_\_\_\_\_

Applicant’s phone number: \_\_\_\_\_

Owner’s name: \_\_\_\_\_

Owner’s address: \_\_\_\_\_

Owner’s telephone number: \_\_\_\_\_

1) Addition Location: \_\_\_ Front Facade \_\_\_ Left of front \_\_\_ Right of front \_\_\_  
\_\_\_ Back Facade \_\_\_ Other (specify) \_\_\_\_\_

2) Footprint dimensions: \_\_\_\_\_

3) Number of stories? \_\_\_\_\_

4) When was your building built? \_\_\_\_\_

5) Architectural Style? \_\_\_\_\_ Architect/Builder (if known): \_\_\_\_\_

6) Window style and materials? \_\_\_\_\_  
Do they match/contrast with the rest of the building? \_\_\_\_\_

7) Roof style and material? \_\_\_\_\_  
Do they match/contrast with the rest of the building? \_\_\_\_\_

8) Wall and siding materials ? \_\_\_\_\_  
Do they match/contrast with the rest of the building? \_\_\_\_\_

9) Are you using any historic materials? If so, what and how?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) Why are you building this addition?  
\_\_\_\_\_  
\_\_\_\_\_

DATE APPLICATION RECEIVED: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_

**SECTION #5 – NEW CONSTRUCTION**

**Instructions:** Provide clear photographs showing the location of proposed construction. Also attach photographs of the streetscape and adjacent buildings. Provide architectural elevations, material specifications and manufacturer’s pamphlets on the replacement materials proposed.

Name of business: \_\_\_\_\_

Applicant’s name: \_\_\_\_\_

Applicant’s address: \_\_\_\_\_

Applicant’s phone number: \_\_\_\_\_

Owner’s name: \_\_\_\_\_

Owner’s address: \_\_\_\_\_

Owner’s telephone number: \_\_\_\_\_

1) Footprint dimensions: \_\_\_\_\_

2) Number of stories: \_\_\_\_\_

How does it match/contrast with the rest of the streetscape? \_\_\_\_\_

3) Architectural Style: \_\_\_\_\_

How does it match/contrast with the rest of the streetscape? \_\_\_\_\_

4) Window and door style and materials: \_\_\_\_\_

How do they match/contrast with the rest of the streetscape? \_\_\_\_\_

5) Roof style and material: \_\_\_\_\_

How do they match/contrast with the rest of the streetscape? \_\_\_\_\_

6) Wall and siding materials: \_\_\_\_\_

How do they match/contrast with the rest of the streetscape? \_\_\_\_\_

7) Are you using any historic materials? If so, what and how?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE APPLICATION RECEIVED: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_

**SECTION #6 – DEMOLITION**

**Instructions:** Provide clear photographs of the building being proposed for demolition and of the adjacent buildings and streetscape. Attach any historical photographs, drawings or elevations that you could find about this building. Attach architectural elevations of the proposed demolition, clearly showing the full extent of the project, including plot and site plans of the property. Attach any plans, drawings, and/or elevations that you may have for the future use of this site.

Name of business: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

Applicant's phone number: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Owner's telephone number: \_\_\_\_\_

1) Please check which you would like to demolish:

\_\_\_\_\_ Entire building and all attached appurtenances

\_\_\_\_\_ Part(s) of the building (identify: \_\_\_\_\_)

2) When was this building built? \_\_\_\_\_ Architectural Style: \_\_\_\_\_

3) Historic associations? \_\_\_\_\_  
Architect/Builder (if known) \_\_\_\_\_

4) Why do you wish to tear down this building?

\_\_\_\_\_  
\_\_\_\_\_

5) What do you intend to place on this site after demolition?

\_\_\_\_\_  
\_\_\_\_\_

6) When?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**BOROUGH OF WEST CHESTER**  
**HISTORICAL AND ARCHITECTURAL REVIEW BOARD**  
**(HARB)**

**2019 Meeting Schedule**

7:00 PM - Room #232

<b>Application Deadline</b>	<b>HARB Meeting Date</b>
January 18, 2019	January 31, 2019
February 15, 2019	February 28, 2019
March 18, 2019	March 28, 2019
April 15, 2019	April 25, 2019
May 20, 2019	May 30, 2019
June 17, 2019	June 27, 2019
July 15, 2019	July 25, 2019
August 19, 2019	August 29, 2019
September 16, 2019	September 26, 2019
October 21, 2019	October 31, 2019
November 11, 2019	November 21, 2019
December 9, 2019	December 19, 2019

**Please Note:** Applicants are *strongly* encouraged to attend HARB Meetings. Work *may not start* until a COA has been issued by Borough Council and a Building Permit issued by the Department of Building & Housing.

Please see our website – [www.west-chester.com](http://www.west-chester.com) for a list of Borough Council meeting dates