



Department of Planning, Zoning, & Historic Preservation

DETERMINATION OF SIGNIFICANCE APPLICATION

PROCEDURES

Application Requirements

Applications must be complete, including required additional supplemental materials. Please see the attached project check list for required supplemental materials.

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Submission of Application

Completed applications shall be submitted to the Planning Department during regular business hours (9-5, Monday-Friday). Applications are due by the first Wednesday of the month. **This will place your application on the following month's meeting agenda.**

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Review of Application

Staff will review the application and any additional materials for completeness. If the application is complete, the case shall be placed on the next available agenda. If the application is incomplete, it will be returned and the applicant notified of the necessary requirements.

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Day of the Meeting

CAUD typically meets on the first Tuesday of the month, at 12:00 noon in City Council Chambers. **The Applicant or their project representative MUST attend the meeting.** The Commission will review the case and will typically issue a decision at that meeting. Applicants will receive a copy of the decision and Certificate of Appropriateness in about 1 week.

Determination of Significance application for applicants seeking either: (1) the designation of an existing building as a Local Landmark property; or (2) the proposed demolition of a structure more than forty (40) years old, as established in §18-78 of the Binghamton General Code.

1. Property Information

Address of Property: _____

Building Name: _____

Tax Map Number: _____

2. Applicant Information

Name: _____

Address: _____

Street

City State Zip Code

Telephone: _____

Primary Other/Fax

Email: _____

Relationship: Owner _____ Tenant _____ Contractor _____

Designer _____ Attorney _____ Other _____

*NOTE: If applicant is not the property owner, the property owner must also sign this application on the next page.

3. Contact Person (if different from the applicant)

Name: _____

Address: _____

Street

City State Zip Code

Telephone: _____

Primary Other/Fax

Email: _____

To Be Completed by PHCD Staff

Application: Date Submitted: _____

Complete Date Complete: _____

Incomplete Case Number: _____

Please see Incomplete Notice for items which need attention.

4. Building Description (check all that apply)

EXTERIOR: ___ wood clapboard ___ wood shingle ___ vertical board ___ plywood
 ___ stone ___ brick ___ poured concrete ___ concrete block
 ___ vinyl siding ___ aluminum siding ___ other: _____
ROOF: ___ asphalt shingle ___ asphalt roll ___ wood shingle ___ metal ___ slate
FOUNDATION: ___ stone ___ brick ___ poured concrete ___ concrete block

Other materials w/locations: _____
Alterations (if known): _____ Date: _____
Architectural Style (if known): _____

CONDITION: ___ excellent ___ good ___ fair ___ deteriorated
Explain: _____

5. Building History

Original Use: _____ Current Use: _____
Architect/Builder (if known): _____ Construction Date: _____

6. Project Description

Briefly describe below the reason(s) for seeking a Determination of Significance. Include any current or future plans for the building under review or for the property in general. Attach additional sheets if necessary.

7. Signatures

By signing below, I/we acknowledge that all information presented herein is true to the best of my/our knowledge. I/we further understand that any false information intentionally provided or omitted is grounds for the revocation of the variance(s). I/we also give the Planning Department staff and CAUD Members the right to access the premises (both interior and exterior) at reasonable times and upon reasonable notice for the purpose of taking photographs and conducting other visual inspections.

Applicant's Signature

Date

Property Owner's Signature (if different from Applicant)

Date