

Department of Planning, Housing & Community Development

CERTIFICATE OF APPROPRIATENESS APPLICATION (CAUD DESIGN REVIEW)

PROCEDURES

Application Requirements

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

Submission of Application

Completed applications shall be submitted to the Planning Department during regular business hours (9-5, Monday-Friday). Beginning in Jan. 2015, the application deadline is the **FIRST WEDNESDAY** of the month.

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.

Day of the Meeting

CAUD typically meets on the last Tuesday of the month, at 12:00 noon in the Planning Department Conference Room. 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.

Design Review application for designated Historic Properties seeking a <u>Certificate of Appropriateness</u> for exterior modifications as established in §18-78 of the Binghamton General Code. All work must conform to the City's Historic Design Guidelines.

1. Property I					
Address of Pro					_
Building Name Tax Map Numl	· · · · · · · · · · · · · · · · · · ·				
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2. Applicant	Information				
Name:					_
Address:					
			Street		
	City		State		Zip Code
Telephone:					
_	Primary		Other/Fax		
Email:	Owner	Tonant		Contractor	_
Relationship:	_			Contractor	
***************************************		Attorne			
application on the		ne property owner	r, the prope	erty owner must	also sign this
application on the	ne next page.				
3. Contact Pe	erson (if diffe	erent from the ap	pplicant)		
Name:		•	,		
Address:					
			Street		
Talanhana	City		State		Zip Code
Telephone:	Primary		Other/Fax		
Email:	i iiiiiai y		Otherfrax		
					_
		To Be Completed	by PHCD Sta	aff_	
Application:		Date Submitted:			
☐ Complete		Date Complete:			
Incomplete		Case Number:			
Please see Incom	plete Notice for				

Please provide t	he name and phone nu	imber of any other people o	or businesses (if any) involved in the	project.
Contracto	Name:			
	Address:			
	Phone:			
Designer	Email:			
	Name:			
	Address:			
	Phone:			
	Email:			
Attorney	Name:			
	Address:			
	Phone:			
	Email:			
materials to be the proposed so	used, the dimensions o cope of work will involv	f the work, any colors prop ve more than one type of p	work. Include information on the osed, and/or any demolition or remoroject, please divide the description dditional sheets if necessary.	oval of existing materials. If
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			_	
understand that also give the Pl	v, I/we acknowledge th any false information anning Department sta	intentionally provided or of aff and CAUD Members th	d herein is true to the best of my/or printed is grounds for the revocation of the revocation of the revocation of the premises (both saining photographs and conducting of the premises (both saining photographs).	on of the variance(s). I/we th interior and exterior) at
Applicant's Signa	ature		Date	
Property Owner	's Signature (if differen	t from Applicant)	 Date	

4. Additional Contacts