

# CERTIFICATE OF APPROPRIATENESS FORM

11/9/2021

Village of Springville  
5 West Main Street  
PO Box 17  
Springville, NY 14141  
(716) 592-4936, FAX (716) 592-7088  
villageofspringvilleny.com

## VILLAGE OF SPRINGVILLE HISTORIC PRESERVATION COMMISSION

### APPLICATION FOR

### CERTIFICATE OF APPROPRIATENESS VALID FOR 12 MONTHS

(Pursuant to Chapter 200 Article XX of the Village Code)

**Refer to Certificate of Appropriateness Instructions when completing this form.**

### APPLICANT INFORMATION

**ALL APPLICANTS MUST ATTEND THE HISTORIC PRESERVATION MEETINGS  
HELD THE SECOND MONDAY OF THE MONTH  
ALL MATERIALS MUST BE TO THE VILLAGE OF SPRINGVILLE OFFICE BY THE  
FIRST TUESDAY OF THE MONTH FOR REVIEW**

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

If applicant is acting through an authorized agent or legal representative, identify agent's name,  
address and telephone:

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

Does applicant own the property?

\_\_\_\_\_   
 Yes

\_\_\_\_\_   
 No

If no, explain: \_\_\_\_\_

Owner's address and telephone:  
(if different from applicant):

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

Is applicant or owner related to any official or employee of the Village of Springville or the Springville Historic Preservation Commission?

\_\_\_\_\_   
 Yes

\_\_\_\_\_   
 No

If yes, explain: \_\_\_\_\_

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**PROPERTY INFORMATION**

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Property Address: \_\_\_\_\_

\_\_\_\_\_

Name of Property  
(if applicable):

\_\_\_\_\_

Tax Map ID No.:

\_\_\_\_\_

Zoning Classification:

\_\_\_\_\_

Parcel Size:

\_\_\_\_\_

Present Use  
of Property:

\_\_\_\_\_

Is the property a designated landmark?

\_\_\_\_\_   
 Yes

\_\_\_\_\_   
 No

**Certificate of appropriateness for Alteration, Demolition or New Construction affecting Landmarks or Historic Districts.**

No person shall carry out any exterior alterations, restoration, reconstruction, demolition or new construction on a site, or the moving of a landmark on a property, located within an historic district, nor shall any person make any material change in the appearance of such property, its light fixtures, signs, sidewalks, fences, steps, paving or other exterior elements which affect the appearance and cohesiveness of the landmark or historic district, without first obtaining a Certificate of Appropriateness from the Commission.

Nature of proposed project (check all that apply):

- Alteration
- Restoration
- Reconstruction
- Demolition
- New Construction
- Moving
- Other Material Change (Describe): \_\_\_\_\_

Narrative statement describing all work to be done, including material specifications (attach additional papers as needed):

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Is any part of the project visible from the street or other public right of way?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

**Criteria for approval of Certificate of Appropriateness** Chapter 200 Article XX Section 152A. Please explain how your project will comply with the three principles below if applicable:

1. Properties which contribute to the character of the historic district shall be retained, with their historic features altered as little as possible:

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2. Any alteration of existing properties shall be compatible with its historic character, as well as with the surrounding district.

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3. New construction shall be compatible with the district in which it is located.

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**\*\*PHOTO SHOWING ALL SIDES OF THE STRUCTURE WILL BE NEEDED\*\***

**REQUIRED: MUST PROVIDE**

- Current Photographs of the property.
- Scaled site plan or survey of the property for the proposed project, if applicable.
- Scaled elevation drawing of proposed changes, if applicable.
- Scaled perspective drawing of proposed changes, if applicable.
- Samples of color and/or materials to be used, if applicable.
- If the proposal includes a sign or lettering, a scaled drawing showing the type of lettering to be used, all dimensions and colors, a description of materials to be used, method of illumination and a plan showing the sign's location on the property.

**Estimated time for completion:**

Project Start Date: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

**PLEASE REMEMBER THAT ANY INCOMPLETE OR VAGUE APPLICATIONS WILL BE TABLED UNTIL THE INFORMATION IS RECEIVED.**

**PLEASE MAKE SURE APPLICATION IS COMPLETE-USE ADDITIONAL PAPER IF NEEDED. THE MORE INFORMATION PROVIDED, THE BETTER.**

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**CERTIFICATION**

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**APPLICANT:** I hereby certify that this application is accurate and complete and that, if this application is approved, the project will be completed in accordance with the terms and conditions of such approval.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OWNER:** (if different from applicant): I have read and familiarized myself with this application and do hereby consent to its submission and processing.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official use only

	AYE	NAY	ABSTAIN
Bill Skura, Chairman	_____	_____	_____
John Baronich, Member	_____	_____	_____
David Batterson, Member	_____	_____	_____
Helen Brogan, Member	_____	_____	_____
Don Orton, Member	_____	_____	_____
Eric Tuburdyke, Member	_____	_____	_____

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## Village of Springville Historic Preservation Commission Decision

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Project Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

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Approved  Not Approved  Approved with Stipulations

Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Stipulations: \_\_\_\_\_

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

\*\*\*\*THE PROJECT HAS BEEN COMPLETED IN ACCORDANCE WITH THE DECISION  
OF THE BOARD AS STATED ABOVE AND IN A TIMELY MANNER\*\*\*\*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE