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Case No.: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Review Period Ends: \_\_\_\_\_

**APPLICATION FOR  
CERTIFICATE OF APPROPRIATENESS**

For Exterior Alterations Proposed for Properties Within  
Old Allentown, Old Fairgrounds and West Park Historic Districts  
Requiring Historical Architectural Review Board (HARB) Review

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

**OWNER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone (Daytime): \_\_\_\_\_  
Phone (Evening): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**APPLICANT (if different)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone (Daytime): \_\_\_\_\_  
Phone (Evening): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Relationship to owner: \_\_\_\_\_

**Your application must include the following:** All information submitted becomes part of the record of this application.

**1. Type of Alteration Proposed:** Please check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Exterior wall material     | <input type="checkbox"/> Porch posts / railings |
| <input type="checkbox"/> Roofing material           | <input type="checkbox"/> Porch floor / steps    |
| <input type="checkbox"/> Windows                    | <input type="checkbox"/> Light fixture          |
| <input type="checkbox"/> Doors                      | <input type="checkbox"/> Paint color            |
| <input type="checkbox"/> Shutters                   | <input type="checkbox"/> Sign                   |
| <input type="checkbox"/> Trim / decorative woodwork | <input type="checkbox"/> Satellite dish         |
| Other: _____  |   |
| <input type="checkbox"/> New construction/addition  | <input type="checkbox"/> Demolition             |

**2. Photographs:** A corresponding photograph must be included for all proposed work checked in #1. Photographs must also be submitted of the properties immediately to the left and right of the property identified in this application for review.

**3. Drawings/Samples:** Drawings showing the appearance of the proposed alterations, and manufacturer's brochures, catalogs, and/or material samples.

**4. Description of Proposed Work:** See back of page.

Signature of Owner (required)

Signature of Applicant (if different than owner)

\_\_\_\_\_

\_\_\_\_\_

Return complete submission with all required attachments by mail, email or in person to:

HARB Secretary  
City of Allentown Bureau of Planning & Zoning  
435 Hamilton Street, 4th Floor  
Allentown, PA 18101  
E-mail: hartneym@allentowncity.org

**For assistance completing this application or any questions regarding the Historic District, contact the City of Allentown Bureau of Planning and Zoning, 610-437-7613.**

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**Description of Proposed Work:** Please describe any proposed work checked under #3 on front of page, including the exact location(s) of the work on the building or lot, materials to be used, manufacturers' specifications, dimensions, appearance of new features, etc. Attach additional sheets if needed.

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Date of site visit:  
Field notes:

Date of HARB Review:  
Date of Council Action:  
Disposition:  
Comments:

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