



Department of Planning, Zoning, & Historic Preservation

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.

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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 letter in about 1 week.

Design Review application for designated Historic Properties seeking a Certificate of Appropriateness 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 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. Additional Contacts

Please provide the name and phone number of any other people or businesses (if any) involved in the project.

Contractor Name: _____
Address: _____
Phone: _____
Email: _____

Designer Name: _____
Address: _____
Phone: _____
Email: _____

Attorney Name: _____
Address: _____
Phone: _____
Email: _____

5. Project Description

Please provide a detailed description of the proposed scope of work. Include information on the locations of the work, the materials to be used, the dimensions of the work, any colors proposed, and/or any demolition or removal of existing materials. If the proposed scope of work will involve more than one type of project, please divide the description (*example: 1. Windows; 2. Painting; 3. Light Fixtures*). Include support materials and attach additional sheets if necessary.

6. 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