## Village of Medina

ORLEANS COUNTY • Medina, New York 14103

PHONE 585-798-0770

FAX 585-798-5018



## Planning Board 600 Main Street Medina, NY 14103

## CERTIFICATE OF APPROPRIATENESS APPLICATION

It is the responsibility of the applicant to complete this form in its entirety, including all required attachments, and as precisely as possible. Failure to submit a complete application may result in a delay in being placed on the agenda or a delayed decision from the Board.

PROPERTY ADDRESS:			
TAX MAP IDENTIFICATION NUMBER:_			
APPLICANT INFORMATION			
NAME	ADDRESS		
PHONE			
	City	State	ZIP
FAX	E-MAIL		
OWNER INFORMATION	(complete <u>only</u> if app	olicant is not the owne	er of the property)
NAME	ADDRESS		
PHONE			
	City	State	ZIP
FAX	E-MAIL		
RELATIONSHIP OF APPLICANT TO PR	ROPERTY:		
☐ CONTRACT PURCHASER	□ CONTRACTOR	□ CONTRACTOR	
□ ARCHITECT/ENGINEER	□ LESSEE		
	OFFICE USE ONLY		
RECEIVED BY:	DATE/TIME RECEI	DATE/TIME RECEIVED:	
ZONING:			
AGENDA DATE:	EII ING DEADI INE		

DESCRIPTION OF PROPOSED ACTION	detail the proposed exterior work to be completed, include
specific details on material, design and color)	
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DECORIDEION OF EVICTING CONDITION	(for each of 1910 (for each of each of each of the each of eac
	for rehabilitation, reconstruction and demolition only –
describe the existing condition of the area that is p	roposed to be altered)
COMPATIBILITY WITH HISTORIC CHARA	
alteration will be compatible with the architecture of	of the property and the surrounding neighborhood)

## **APPLICATION ATTACHMENTS**

result in a delay in scheduling the application for review by t				
☐ Detailed site plan for new construction, demolit	tion, fences and landscaping			
□ Photographs				
□ Details on proposed alterations (color/product	samples, manufacturers specifications,			
☐ Elevation and perspective drawings, including relationship to adjacent properties				
APPLICANT/OWNER AFFIRMATION				
I, THE UNDERSIGNED, DO HEREBY AFFIRM THAT THIS APPLICATION IS TRUE TO THE BEST OF MY UNDERSTAND THAT INTENTIONALLY PROVIDING INFORMATION IS GROUNDS FOR IMMEDIATE DEN FURTHERMORE, I UNDERSTAND THAT I (OR A DE BE PRESENT AT THE MEETING TO REPRESENT TANY QUESTIONS FROM THE BOARD MEMBERS.	KNOWLEDGE AND I FURTHER FALSE OR MISLEADING NIAL OF MY APPLICATION. SIGNATED REPRESENTATIVE) MUST			
Signature (Applicant)	DATE			
IF APPLICANT IS NOT THE OWNER OF RECORD F	OR SUBJECT PARCEL:			
I, THE UNDERSIGNED, HEREBY AFFIRM THAT I AN SUBJECT PARCEL AT THE TIME OF APPLICATION WITH THE REQUEST BY THE APPLICANT AND AU REPRESENT THE INTEREST OF THE OWNER(S) IN	. FURTHERMORE, I AM FAMILIAR THORIZE SAID APPLICANT TO			
Signature (Owner)	DATE			
Pogular moetings of the Historia Process ation Poord of	re generally hold on the first Manday of			

To ensure appropriate and timely review of the application, please provide the following additional

Regular meetings of the Historic Preservation Board are generally held on the first Monday of every month. The meetings are held at 7:00 PM in the Council chambers on the first floor of City Hall. Applicants will receive a reminder notice in the mail approximately one (1) week prior to the meeting.