

CITY OF ALBANY, NEW YORK  
HISTORIC RESOURCES COMMISSION

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

COMPLETE THIS SIDE ONLY  
FOR ADDITIONAL INFORMATION, CONTACT (518) 434-2532

To be completed by applicant

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

APPLICANT-NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

OWNER-NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

CONTRACTOR-NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ARCHITECT-NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OTHER-NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ROLE IN PROJECT: \_\_\_\_\_

Will any public funding, tax credits, etc., be used in this project?  Yes  No

If yes, specify:

TYPE OF WORK (CHECK ALL THAT APPLY):  Repair  Rehabilitation  
 Exterior Alteration  Addition  Demolition  New Construction  Fence  
 Sign or Awning  Excavation or site work  Other (Specify):

DESCRIPTION OF PROPOSED WORK: \_\_\_\_\_

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

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CERTIFICATE OF APPROPRIATENESS

**To be completed by staff**

HISTORIC LISTING: \_\_\_\_\_

ARCHEOLOGY: Excavation in archeological district? \_\_\_ Yes \_\_\_ No

If yes, measures taken:

DEMOLITION: \_\_\_ No \_\_\_ Yes \_\_\_ Hardship \_\_\_ Non-contributing  
\_\_\_ Building Commissioner's determination

Date received by HRC staff: \_\_\_\_\_ Initials: \_\_\_\_\_

Date application determined to be complete: \_\_\_\_\_ Initials: \_\_\_\_\_

DATE OF DECISION: \_\_\_\_\_ By: \_\_\_ Staff \_\_\_ HRC Vote: \_\_\_\_\_

CERTIFICATE OF APPROPRIATENESS IS HEREBY: \_\_\_ Approved \_\_\_ Denied  
\_\_\_ Approved with conditions (see below)

SIGNATURE: \_\_\_\_\_

(on behalf of Historic Resources Commission)

CONDITIONS OF APPROVAL / EXPLANATION OF DECISION:

Date decision sent to Building Department: \_\_\_\_\_

EXPIRATION DATE OF CERTIFICATE OF APPROPRIATENESS: \_\_\_\_\_