HISTORIC PRESERVATION COMMISSION REVIEW

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS
PURSUANT TO THE PROVISIONS OF CHAPTER 48
HISTORIC PRESERVATION LAW OF THE VILLAGE OF GREENPORT

DATE OF APPLICATION: 07/10/2020
LOCATION OF PROPERTY: 163 CENTRAL AVENUE - GREENPORT
SUFFOLK COUNTY TAX MAP NUMBER: STM 1001-05-02-07
PROPERTY OWNER: JANE ROE
ADDRESS: [Redacted]
EMAIL ADDRESS: [Redacted]
ARCHITECT/DESIGNER: FRANK WUELENDAHL
ADDRESS: [Redacted]
EMAIL ADDRESS: [Redacted]

Type of Proposed Work

☐ COMMERCIAL ☑ RESIDENTIAL

Site Work

☒ FENCE
☒ DRIVEWAY, WALK, PATIO, OTHER PAVEMENT
☒ MAJOR EXCAVATION OR REGRADING, OR BERM
☒ SWIMMING POOL, TENNIS COURT
☒ OTHER STRUCTURAL LANDSCAPE ELEMENT
☒ SIGNAGE- SUBMIT SCALE DRAWINGS TO INDICATING TO FOLLOWING:
- SIZE OF EACH SIGN
- COLOR
- FONT
- LOCATIONS OF ALL SIGNAGE ON BUILDING
- PROPOSED MATERIALS

Landscape Planting

☒ HEDGE ALONG STREET, AND/OR PROPERTY BOUNDARY LINES
☒ PLANTINGS INTENDED TO SCREEN OTHER WORK DESCRIBED IN THIS APPLICATION

Buildings

☒ NEW CONSTRUCTION
☒ ADDITION
☒ DEMOLITION
☒ REMOVAL
☒ ACCESSORY BUILDING

Form HPc1
Building Alterations

- EXTERIOR WALL MATERIAL
- ROOF MATERIAL AND COLOR
- CHIMNEY MATERIAL
- FOUNDATION MATERIAL
- DOORWAYS (INCLUDING STORM/SCREEN DOORS)
- WINDOWS (INCLUDING STORM/SCREEN SASH)
- PORCHES AND STEPS
- TRIM
- GUTTERS AND LEADERS
- PAINT AND STAIN
- OTHER

Provide a general description of the proposed work (use additional sheets if necessary, refer to the accompanying exhibits).

Architectural Timbeloids

Remove existing shingles because roof leaking bad, or barn. Noplywood needed

List all exhibits submitted with this application (refer to the instructions for the required submissions).

Other approvals required:

Signature of owner or authorized agent:

Date: 7/16/2020
For Official Use:

SCHEDULED DATE OF HPC MEETING: ____________________________

DATE OF APPLICATION: ____________________________

LOCATION OF PROPERTY: ____________________________

SUFFOLK COUNTY TAX MAP NUMBER: ____________________________

PROPERTY OWNER (TENANT): ____________________________

ADDRESS: ____________________________ PHONE: ____________________________

Approved: DATE ___________ Disapproved: DATE ___________

Conditions:

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CHAIRPERSON

JUL 24 2020

By: ____________________________