



236 1st Street, Greenport, NY 11944

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: June 2, 2022


LOCATION OF PROPERTY: 455 Main St Greenport

SUFFOLK COUNTY TAX MAP NUMBER: 1001-4.-7-19

PROPERTY OWNER: Palmer Victoria LTD Deborah Schrey

ADDRESS: 455 Main St PHONE: 

EMAIL ADDRESS: 

ARCHITECT/DESIGNER: 

ADDRESS: _____ PHONE: _____

EMAIL ADDRESS: _____

Type of Proposed Work

COMMERCIAL RESIDENTIAL

Site Work

- ___ FENCE AND GATES
- ___ DRIVEWAY, WALK, PATIO, OTHER PAVEMENT
- ___ MAJOR EXCAVATION OR REGRADING, OR BERM
- ___ SWIMMING POOL, TENNIS COURT
- ___ OTHER STRUCTURAL LANDSCAPE ELEMENT
- ___ SIGNAGE AND AWNINGS - SUBMIT SCALE DRAWINGS TO INDICATING TO FOLLOWING:
 - SIZE OF EACH SIGN
 - COLOR
 - FONT
 - LOCATIONS OF ALL SIGNAGE AND AWNINGS ON BUILDING
 - PROPOSED MATERIALS
- ___ MODERN FEATURES
 - SOLAR PANELS
 - SKYLIGHTS
 - OUTDOOR SHOWERS
 - OTHER

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CLERK'S DEPARTMENT

Landscape Planting

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

- NEW CONSTRUCTION
- ADDITION
- DEMOLITION
- REMOVAL
- ACCESSORY BUILDING

Building Alterations

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

PROVIDE A GENERAL DESCRIPTION OF THE PROPOSED WORK (USE ADDITIONAL SHEETS IF NECESSARY, REFER TO THE ACCOMPANYING EXHIBITS).

Repainting with
exact color that was
on building prior

LIST ALL EXHIBITS SUBMITTED WITH THIS APPLICATION. ACTUAL SAMPLES OF MATERIALS AND/OR DESCRIPTIONS OF ACTUAL MATERIALS ARE REQUIRED. (REFER TO THE INSTRUCTIONS FOR THE REQUIRED SUBMISSIONS).

Benjamin Moore
Alpine White

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CLERK'S DEPARTMENT

OTHER APPROVALS REQUIRED:

SIGNATURE OF OWNER OR AUTHORIZED AGENT:

DATE:

Deborah Schaefer
5/2/22