

**City of York- Board of Architectural Review
Proposed project in Gateway Corridor Overlay District
Certificate of Appropriateness Application**

Project Information: Address _____ Tax map #: _____ Zoning District _____

Applicant Information: Name _____ Address _____
Telephone _____ Fax _____ Email _____

Agent Information: Name _____ Address _____
Telephone _____ Fax _____ Email _____

IMPORTANT-PLEASE READ

An application cannot be received for review by the Board of Architectural Review unless all applicable questions have been answered and the application has been signed by the owner and/or agent; and, Sufficient details describing the proposed project have been submitted in accordance with specified meeting schedule deadline.

Please describe your request:

I hereby acknowledge by my signature below that the submitted application is complete and accurate.

Signature: _____ **Date:** _____

The Board hereby makes the following decision:

Record of Vote Initial meeting Date _____

Member: _____	<i>Vote</i>	Member: _____	<i>Vote</i>
Member: _____		Member: _____	
Member: _____		Member: _____	

Vote

Chairperson Signature: _____