

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS (COA)

Building address 459 Main St, Bethlehem PA 18018
Owner of building Brad Mulkurn Phone
Owner's email & mailing address
Applicant Highview Construction LLC Phone:
Applicant's email & mailing address
Street and Number City Lititz State PA Zip Code 17543

APPLICANT MUST ATTEND MEETING FOR CASE TO BE HEARD.
USE THE CHECKLIST ON THE BACK OF THIS APPLICATION TO ENSURE YOUR SUBMISSION IS COMPLETE.

Application form, photographs, and drawings must be submitted (see attached for deadline) prior to the regular scheduled meeting in order to be placed on the agenda for the next meeting.

1. PHOTOGRAPHS - Photographs of your building and neighboring buildings must accompany your application.

2. TYPE OF WORK PROPOSED - Check all that apply. Please bring any samples or manufactures specifications for products you will use in this project.
Trim and decorative woodwork
Siding and Masonry
Roofing, gutter and downspout
Windows, doors, and associated hardware
Storm windows and storm doors
Shutters and associated hardware
Paint (Submit color chips - HARB only)
Skylights
Metal work
Light fixtures
Signs
Demolition
Other

3. DRAWINGS OF PROPOSED WORK - Required drawings must accompany your application. Please submit ONE ORIGINAL AND TEN (10) COPIES OF DRAWINGS, PHOTOGRAPHS, APPLICATION FORM, AND ANY SPECIFICATIONS
Alteration, renovation, restoration (1/4 or 1/8"=1'0" scale drawings required IF walls or openings altered.)
New addition (1/4" or 1/8"=1'0" scale drawings: elevations, floor plans, site plan)
New building or structure (1/4" or 1/8"=1'0" scale drawings: elevations, floor plans, site plan)
Demolition, removal of building features or building (1/4" or 1/8"=1'0" scale drawings: elevation of remaining site and site plan)
A scale drawing, with an elevation view, is required for all sign submittals

4. DESCRIBE PROJECT - Describe any work checked in #2 and #3 above. Attach additional sheets as needed.
Remove & replace slate roof, install new OSB sheathing, install new Owens Corning Duration Shingles, replace existing skylight with Velux skylight series

5. APPLICANT'S SIGNATURE [Signature] DATE: 12/17/24
OWNER'S SIGNATURE [Signature] DATE: 12/18/24