## City of Bethlehem, Pennsylvania

## APPLICATION FOR CERTIFICATE OF APPROPRIATENESS (COA)

Building address 418 High St.	
Owner of building Alley - Carle Mag	P
Owner's email & mailing address	
Applicant Paul Weight Kowling	Phone:
Applicant's <u>email</u> & mailing address _	
Street and Number Cit	1571 EARN AUD
Cit	Sidile Lip Code KSOT MEMERY
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.	
	e agenua for the next meeting.
1. PHOTOGRAPHS - Photographs of your building and neigh	showing 1. The
<ol> <li>TYPE OF WORK PROPOSED - Check all that apply. Ple products you will use in this project.</li> </ol>	ease bring any samples or manufactures and if action is
and the time project.	o manufactures specifications for
Trim and decorative woodwork	Skylights
Siding and Masonry	Metal work
Roofing, gutter and downspout	Light fixtures
Windows, doors, and associated hardware	Signs
Storm windows and storm doors	Demolition
Shutters and associated hardware	Other
Paint (Submit color chips - HARB only)	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	
SPECIFICATIONS	OTOGRAPHS, APPLICATION FORM, AND ANY
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Alteration, renovation, restoration (1/4 or 1/8"=1"0" scale drawings required IF walls or openings altered.)	
addition (1/4 of 1/8 =10° 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	
Final	
A scale drawing, with an elevation view, is required for a	ll sign submittals
4. DESCRIBE PROJECT Describ	
4. DESCRIBE PROJECT - Describe any work checked in #2 an	nd #3 above. Attach additional sheets as needed.
Replace Slate on forch with GAF ANNIGHE State ShowEs	
I D' THE MISC PUSHONING CONTO SPORTS	
5. APPLICANT'S SIGNATUR	DATE: 9-11202C
OWNER'S SIGNATURE	
DATE:	

























