

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS (COA)

Building address 375 13th Ave Bethlehem 18018
 Owner of building John McGeehan Phone [REDACTED]
 Owner's email & mailing address [REDACTED]
 Applicant JAMES McCauley Phone: [REDACTED]
 Applicant's email & mailing address [REDACTED]
 Street and Number City State Zip/Code

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.

<input checked="" type="checkbox"/> Trim and decorative woodwork	<input type="checkbox"/> Skylights
<input type="checkbox"/> Siding and Masonry	<input type="checkbox"/> Metal work
<input type="checkbox"/> Roofing, gutter and downspout	<input type="checkbox"/> Light fixtures
<input type="checkbox"/> Windows, doors, and associated hardware	<input type="checkbox"/> Signs
<input type="checkbox"/> Storm windows and storm doors	<input type="checkbox"/> Demolition
<input type="checkbox"/> Shutters and associated hardware	<input checked="" type="checkbox"/> Other <u>addition</u>
<input type="checkbox"/> Paint (Submit color chips - HARB only)	

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.

Add a 8x8 to REAR OF HOUSE for Elevator.

5. APPLICANT'S SIGNATURE JAMES McCauley **DATE:** Feb 11 24
OWNER'S SIGNATURE John McGeehan **DATE:** 4 Feb, 2024

**City of Bethlehem
Bureau of Code Enforcement
Application for Permit**

This section for office use only:

Permit No. _____

Ward _____ Block _____ Zoning District _____ Permit Fee \$ _____

Use Group _____ Construction Type _____ Code Year _____ Occupancy Load _____

Description: _____

NOTICE TO TAXPAYERS: Under the provisions of Article 342, as amended, you may be entitled to a property tax exemption on your contemplated new construction. An application for exemption may be secured from the City of Bethlehem and must be filed with the City at the time a building permit is secured.

Please Print Clearly

Address of Construction: 375 13th Ave Bethlehem Pa 18018 Application Date: FEB 4, 24

RESIDENTIAL COMMERCIAL Construction Cost \$ _____

Brief description of work: Add a 8'x8' 2nd Floor above existing Area For ELEVATOR.

Check where appropriate:

<input type="checkbox"/> Reroof	<input type="checkbox"/> New Building	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Siding	<input checked="" type="checkbox"/> New Addition	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Sign
<input type="checkbox"/> Deck	<input type="checkbox"/> Tent	<input type="checkbox"/> Footer/Foundation	<input type="checkbox"/> Accessory Building
<input type="checkbox"/> Fence	<input type="checkbox"/> Interior Alteration	<input type="checkbox"/> Razing	<input type="checkbox"/> Other _____

Two (2) sets of construction drawings and three (3) site plans must be submitted with this application.
Note: The City of Bethlehem has the right to request a property survey if applicable.

Property Owner's Name: John A McFeehan Phone # [REDACTED]

Property Owner's Address: [REDACTED] City _____ State _____ Zip _____

Applicant: JAMES MCCOYE Phone # [REDACTED]

Applicant's Address: [REDACTED]

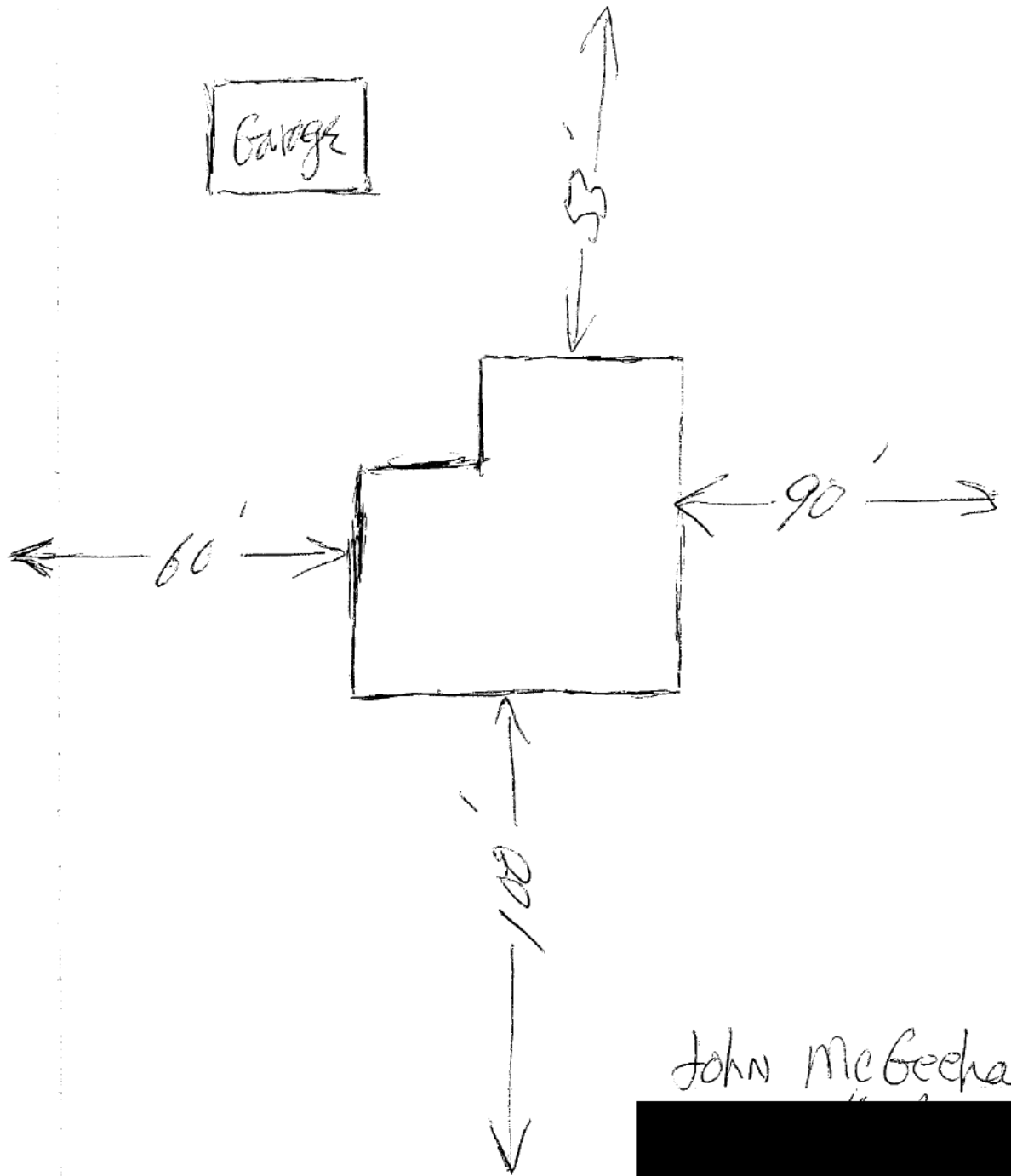
Applicant's Email Address: [REDACTED]

Contractor: JAMES MCCOYE Phone # [REDACTED]

Contractor's Address: [REDACTED] City _____ State _____ Zip _____

IMPORTANT: A current *Certificate of Insurance for Workers Compensation* and a Business Registration/Mercantile License application must be submitted with this application if not already on file with the City of Bethlehem.





John McGeekhan

