

City of Bethlehem, Pennsylvania

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS (COA)

Building address 23 E. Church St. Bethlehem PA 18018
Owner of building Glenn M Price Phone [REDACTED]
Owner's **email** & mailing address [REDACTED]
Applicant Glenn M Price Phone: 40
Applicant's **email** & mailing address _____
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.

<p>1. PHOTOGRAPHS - Photographs of your building and neighboring buildings must accompany your application.</p>														
<p>2. TYPE OF WORK PROPOSED – Check all that apply. Please bring any samples or manufactures specifications for products you will use in this project:</p> <table><tr><td><input type="checkbox"/> Trim and decorative woodwork</td><td><input type="checkbox"/> Skylights</td></tr><tr><td><input type="checkbox"/> Siding and Masonry</td><td><input type="checkbox"/> Metal work</td></tr><tr><td><input checked="" type="checkbox"/> Roofing, gutter and downspout</td><td><input type="checkbox"/> Light fixtures</td></tr><tr><td><input type="checkbox"/> Windows, doors, and associated hardware</td><td><input type="checkbox"/> Signs</td></tr><tr><td><input type="checkbox"/> Storm windows and storm doors</td><td><input type="checkbox"/> Demolition</td></tr><tr><td><input type="checkbox"/> Shutters and associated hardware</td><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Paint (Submit color chips – HARB only)</td><td></td></tr></table>	<input type="checkbox"/> Trim and decorative woodwork	<input type="checkbox"/> Skylights	<input type="checkbox"/> Siding and Masonry	<input type="checkbox"/> Metal work	<input checked="" 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 type="checkbox"/> Other _____	<input type="checkbox"/> Paint (Submit color chips – HARB only)	
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<p>3. DRAWINGS OF PROPOSED WORK – Required drawings must accompany your application. Please submit <u>ONE ORIGINAL AND TEN (10) COPIES OF DRAWINGS, PHOTOGRAPHS, APPLICATION FORM, AND ANY SPECIFICATIONS</u></p> <p><input type="checkbox"/> Alteration, renovation, restoration (1/4 or 1/8"=1'0" scale drawings required IF walls or openings altered.)</p> <p><input type="checkbox"/> New addition (1/4" or 1/8"=1'0" scale drawings: elevations, floor plans, site plan)</p> <p><input type="checkbox"/> New building or structure (1/4" or 1/8"=1'0" scale drawings: elevations, floor plans, site plan)</p> <p><input type="checkbox"/> Demolition, removal of building features or building (1/4" or 1/8"=1'0" scale drawings: elevation of remaining site and site plan)</p> <p><input type="checkbox"/> A scale drawing, with an elevation view, is required for all sign submittals</p>														
<p>4. DESCRIBE PROJECT – Describe any work checked in #2 and #3 above. Attach additional sheets as needed.</p> <p><i>Replace roof. Roof is leaking and appreciate quick approval. Quote with details attached. Skateline lifetime shingle, antique slate color.</i></p>														
<p>5. APPLICANT'S SIGNATURE _____ DATE: _____</p> <p>OWNER'S SIGNATURE <u><i>Glenn M Price</i></u> DATE: <u>6/6/2025</u></p>														