Box below for office use only

Date Received:
Site Address:

Office Mailing Address
Town of Erie
Community/Planning Department
Attn. Erie Historic Preservation Advisory Board
645 Holbrook Street
P.P. 750
Erie, Colorado 80516
(email) townclerk@erieco.gov

HISTORIC LANDMARK
CERTIFIED LOCAL GOVERNMENT
TOWN OF ERIE 1874

Certificate of Appropriateness Application Form

Property Address:

Applicant: Town of ERIE

Mailing Address: 2203 N. 111th
ERIE, CO 80516

Phone: 303-926-2796

E-Mail: lbolinger@erieco.gov

Please check if this is primary contact person ☐

Owner: Town of ERIE

Mailing Address: P.O. Box 750
ERIE, CO 80516

Phone: 303-926-2796

E-Mail: lbolinger@erieco.gov

Please check if this is primary contact person ☐

Description of Proposed Work: Replacement of roof system of the Schofield Farm House and Root cellar/milk house structures. Includes synthetic felt and level 4 asphalt shingles to replace current worn cedar shake roof. Town staff is seeking input on the final color of the replacement shingles to maintain the original look.

Type of Work: (Check all that apply)

☐ New Construction: Construction of a new building, additions, garages, sheds, etc.

☒ Renovation work: includes, but is not limited to, all exterior changes to an existing building, windows, doors, roofing, etc.

☐ Sitework: Adding landscape features (walks, patios, fencing, retaining walls, etc.)

☐ Signage: Installation of a sign on a building or site.

☐ Demolition: Removal of any building feature(s) or the razing of any structure (s).

☐ Other: _____.

Owner's Signature: Laurell Bellar Date: 9/20/18

By signing this application, I acknowledge that I have reviewed the proposed scope of work and am Responsible for compliance with any Certificate of Appropriateness or Overlay Permit issued for this project. (Owner's Original signature is required for all applications.

Applicant's Signature: [signature] Date: 9/20/18

I hereby certify that the proposed work is accurately described and authorized by the owner of record, and I am acting on behalf of the owner to make this application as the authorized agent.

→*See next page for Certificate of Appropriateness Submission Requirements*

Submission Requirements for Certificate of Appropriateness Form

Your application may require certain drawings. Each application is different and, therefore, may have different drawing requirements. These drawings will help the Historic Preservation Advisory Board (HPAB) understand your proposal. A board member of the HPAB can meet with you to determine which items in the checklist below should be submitted for the Board review.

Once it is determined what should be submitted, the application should be sent to the Community/Planning Department, along with those items, by the application deadline. Additional materials may be requested at any point during the process to insure the HPAB has adequate information for review. If materials requested fail to be submitted by the deadline, the application will be excluded from the agenda and will not be placed on the agenda until all requests are satisfied.

New Construction/Room Additions

- All Elevations
- Floor plans
- Site plans
- Wall Section
- Detailed drawings for items such as cornice and gutter construction, porch railing, window trim, dormers and doors.
- Drawings showing new structure in relation to adjacent structures and/or existing building.

Rehabilitation

- Elevations of any façade when new elements are applied.
- Detail drawings of any new elements.
- Photos of rehabilitation area.

Site Changes

- Site plan showing any changes (fences, pools, landscaping, etc.)
- Dimension and details of any fence or any other such site elements.

Demolition

- Digital photos

Notes

For Erie Historic Preservation Advisory Board (EHPAB) Office Use Only

*Building Address:*_____ *Date*_____

*Received:*_____

Referral

Referral to EHPAB *Meeting Date:*_____

Referral to Board of Trustees *Meeting Date:*_____

*Comments:*_____

_____

_____

EHPAB Recommendation Date:_____

Received_____

☐ Approve ☐ Approve with Conditions

Comments:_____

_____

_____

Decisions By:

EHPAB-Date:_____

Board of Trustees-Date_____

Final Action

☐ Approve ☐ Approve with Conditions ☐ Disapprove

_____

Community/Planning Department Office Staff

_____

Date

Current cedar shake roof

Color Option #1 - Brownwood

Color Option #2 - Teak