

Box below for office use only

Date Received:

Site Address: 365 Main St

Pearl Winslow Property
365 Main St
Erie, Co 80516

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



Certificate of Appropriateness Application Form

Property Address:

Applicant: David Lotton

Owner: Same

Mailing Address: PO Box 1271
Erie, Co 80516

Mailing Address: Same

Phone: 303-641-5000

Phone: Same

E-Mail: dlotton@dlotton.com

E-Mail: Same

Please check if this is primary contact person ☒

Please check if this is primary contact person ☐

Description of Proposed Work:

Roof replacement and repainting. Roof and paint were damaged in recent hail storm.

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: _____

Date: 9/10/2018

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: _____

Date: _____

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

Roof replacement and repainting. Roof and paint were damaged in recent hail storm. Paint colors will remain the same. May upgrade to hail resistant shingles. Roof material will be similar 'dimensional' shingle appearance, but roof color may change color due to color availability in desired roofing material.

None of the proposed work will change the historic architectural integrity of the landmarked structures.

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

Building Address: 365 Main St Date 9/10/2018

Received: _____

Referral

Referral to EHPAB

Meeting Date: 9/30/2018

Referral to Board of Trustees

Meeting Date: 10/1/2018

Comments: _____

EHPAB Recommendation

Date: 9/30/2018

Received _____

☒ Approve ☐ Approve with Conditions

Comments: Shingles need to be of similar color of existing

Decisions By:

EHPAB-Date: _____

Board of Trustees-Date _____

Final Action

☐ Approve ☐ Approve with Conditions ☐ Disapprove

Community/Planning Department Office Staff _____

Date _____

A f t e r m a t h o f H a i l S t o r m

