Building Permit #	Date Application Received
For Office Use Only	For Office Use Only

## WEST PIKELAND TOWNSHIP <u>APPLICATION FOR REVIEW</u> <u>BY THE HISTORIC COMMISSION</u> <u>OF WEST PIKELAND TOWNSHIP</u>

## IMPORTANT – APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I. II. III. IV

Section I Location of Buildings:			Zoni	ng
District		(G)		
Between	(No.)	(Street)		
		and		
(Cross Str	reet)		(Cro	ss Street)
Subdivision Name Number			Lot	
Tax Parcel #	Ownersl	nip: Private (individual, Public (Federal, Sta		nstitution, ect.)
Section II				
Owner or Lessee				
Name:				
Mailing Address:				(No. Street)
_				
Phone:		(cell)	(fax)	
Email: _				
Contractor				
Name:				
Contact Person:				
Mailing Address				(No., Street)
_				(City, State, Zip)
Phone:		(cell)		
Email: _				
Architect or Engineer				
Name:				
Contact Person:				
Mailing Address				(No., Street)
_				(City, State, Zip)
Phone:		(cell)	(fax)_	(333), 2333, 23p)

The Historic Commission meets on the fourth Tuesday of each month at 9:30 AM. The application for review shall be received by the West Pikeland Township office at 1645 Art School Road Chester Springs, PA 19425, fourteen (14) calendar days prior to the next scheduled meeting of the Historic Commission to be placed on the Agenda. Historic Commission Meeting. For Office Use Only: Date Comments Received from Building/Zoning Officer: Date HC Application Received by Township Office Date of Application Review Meeting by HC: **Section III** DESCRIBE THE PROJECT 1. Additions/New Construction/Subdivision 3. Repair/Replacement Additions Storefront Roof/chimney/cornice New Construction Walls Building Relocation Subdivision/Land Development (for information only) Doors ☐ Variance Windows/shutters 2. Alterations/Renovation Porch/stoop/stairs Paint Storefront Roof/chimney/cornice Repointing Walls Exterior cleaning Trim Doors Windows/shutters Fences/walls/gates Porch/stoop/stairs 4. Signs/Awnings Sign Paint Awning Repointing Exterior cleaning Other Sign Trim 5. Demolition Fences Demolition 6. Other Other **SECTION IV** DETAIL DESCRIPTION OF THE PROJECT (Describe work on exterior only)

West Pikeland Township, 1645 Art School Rd., Chester Springs, Pa. 19425 Phone: (610)590-5300 Fax: (610)228-3477 Email: office@westpikeland.com

Website: www.westpikeland.com

SECTION V
PRESERVATION OF HISTORIC CHARACTER:
TRESERVATION OF HISTORIC CHARACTER.
What steps will be taken to preserve your building's historic character and that of the surrounding district?
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APPLICANT SHALL SUBMIT ( 5 ) COPIES OF THE REQUIR	ED PLANS WITH THIS APPLICATION	
Signature of Applicant		-
Printed Name of Applicant	_	
Printed Name of Applicant	_	_
	_	
Printed Name of Applicant	Date Note: ne Township Office a minimum of fourteen (14) calendar days before the	
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