CHECK LIST	
Plans	____
Photos	____
Color chart	____

BOROUGH OF STRASBURG
HISTORIC ARCHITECTURAL REVIEW BOARD APPLICATION
145 Precision Avenue
Strasburg PA 17579

Phone 717-687-7732 www.strasburgboro.org FAX 717-687-6599

PLEASE PRINT LEGIBLY

Date:		
Street address of work to be reviewed:		
Property owner:		
Mailing address: (if different)		
City:	State:	Zip code:
Phone:	FAX:	Email:
Contractor: (if applicable)	Address:	Phone:
Architect/eng: (if applicable)	Address:	Phone:

PROPERTY DESCRIPTION (check all that apply)

❑ Single family residence	❑ Detached
❑ Multi-family residence	❑ Duplex, semi-detached
❑ Office	❑ Row
❑ Commercial/Retail	❑ Apartment building
❑ Institutional	❑ Warehouse
❑ Vacant	❑

PROJECTS REQUIRING HARB REVIEW

"Erection, reconstruction, alteration, restoration, demolition, razing or painting of a building or sign in whole or in part visible from a public way within the boundaries of the historic district must be reviewed by HARB before work begins. Contact the Borough office at 717-687-7732 for information on HARB review and permit issuance." [Ordinance 2004-2, Article V, Section 500, Section 501, Section 501.2F, and Section 502.]

Examples of work requiring the approval of the HARB include, but are not limited to, the following. Please check the appropriate box.

❑ New construction	❑ Alterations/additions	❑ Exterior painting
❑ Windows/storm windows	❑ Garages	
❑ Exterior doors/storm doors	❑ Sheds/outbuildings	❑ Exterior lighting
❑ Porches	❑ Roofing	❑ Walks/walkways
❑ Patios/decks (attached to house)	❑ Fences/walls	❑ Exterior HVAC equipment
❑ Awnings/canopies	❑ Signs/sign posts/vending machine	❑ Chimneys
❑ Siding	❑ Masonry repairs/re-pointing	❑ Demolition

PROPOSED WORK PLAN

Describe work to be done. Please be as specific as possible. Attach: (1) architectural plans; (2) landscaping plans; (3) surveys and/or scale drawings that include accurate dimensions, elevations and a description of the materials used; (4) product literature or samples; (5) a streetscape photograph of the property, specifically the location where the work is to be done.

Please Print
Continue on reverse side

Proposed work plan continued

DATE OF HARB REVIEW: This application will be on the agenda of the _____ meeting of the HARB.

CERTIFICATION

I hereby certify that the above statements made and contained in this application including any attachments are true and correct.

Applicants signature_____

FOR OFFICIAL USE ONLY

Date of HARB review_____ Date of HARB site visit_____

- ☐ **Recommend to Approve** _____ Chairman of HARB

Final review (acceptance or denial) of this application will be given at the next meeting of Strasburg Borough council on _____

- ☐ **Recommend to Table** _____ Chairman of HARB

- ☐ **Recommend to Deny** _____ Chairman of HARB

COMMENTS: