



City of New Rochelle

515 North Avenue, New Rochelle, NY
10801

<u>FOR OFFICE USE ONLY</u>	
Fee paid:	_____
Receipt #:	_____
Date Received:	_____

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS HISTORICAL AND LANDMARKS REVIEW BOARD

Application Fee: \$25.00
(Checks payable to the City of New Rochelle)

LOCATION OF PROJECT

APPLICANT NAME: _____

APPLICANT ADDRESS:

PHONE NUMBER: _____ EMAIL ADDRESS: _____

OWNER NAME: (If different than above): _____

PROJECT ADDRESS: (If different from above)

PROJECT TAX BLOCK: _____ LOT(S) _____

HISTORIC DESIGNATION: ROCHELLE HEIGHTS ROCHELLE PARK LOCAL LANDMARK

BUILDING CONTRACTOR: _____

ARCHITECT: _____

ENGINEER: _____

LANDSCAPE ARCHITECT: _____

TYPE OF IMPROVEMENT

- Addition
- Alteration
- Demolition
- Relocation
- New Construction
- Repair
- Sign
- Other

If Other, please specify

USE OF BUILDING

- Single-Family Residence
- Multi-Family Residence
- Retail Commercial
- Office
- Restaurant
- Hotel/Motel
- Industrial
- Mixed Use
- Institutional

If Institutional, please specify
