



**CITY OF PLATTSBURGH**  
**PLANNING BOARD**  
**HISTORIC SITE REVIEW APPLICATION**

FOR OFFICE USE ONLY

Fee: **\$50.00**  
 Fee Paid: \_\_\_\_\_  
 Submittal Date: \_\_\_\_\_  
 PB #: \_\_\_\_\_

**A Project Name:**

Brief Project Description:

*i.e.: "Replace existing 6-pane glass window on Eastern lower level of the building with new 6-pane glass window."*

Tax Map Parcel number(s):

Project Address:

Sq. Footage/Acreage of Parcel:

Zoning District:

Historic Bldg/District:

<b>Applicant/Plan Preparer</b>	Name:	<b>Owner</b>	Name:
	Organization:		Organization:
	Address:		Address:
	Telephone:		Telephone:
	Email:		Email:
	Signature*:		Signature*:
	Date:		Date:

**\*A representative acting on behalf of an owner must submit a notarized affidavit of representation.\***

**B Descriptive Project Narrative: (SUBMIT A NARRATIVE AS A SEPARATE SHEET)**

A Project Narrative Must Be Attached Describing:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Type of alteration               | <input checked="" type="checkbox"/> Reason for alteration               |
| <input checked="" type="checkbox"/> Location of alteration           | <input checked="" type="checkbox"/> Materials to be used                |
| <input checked="" type="checkbox"/> Site features                    | <input checked="" type="checkbox"/> Landscape features                  |
| <input checked="" type="checkbox"/> Current condition of site        | <input checked="" type="checkbox"/> Character of surrounding properties |
| <input checked="" type="checkbox"/> Current and proposed use of site | <input checked="" type="checkbox"/> Estimated construction period       |



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**C Application Materials Required:**

**Applicants must first send the following documents digitally to [Planning@cityofplattsburgh-ny.gov](mailto:Planning@cityofplattsburgh-ny.gov).**

*Upon a notice of determination by Planning staff that the application is complete, the applicant must submit **ten collated copies** of all materials to the Community Development Office.*

- |  |   |
|--|---|
| <input type="checkbox"/> Completed application                               | <input type="checkbox"/> Completed EAF Part 1   |
| <input type="checkbox"/> Project narrative                                   | <input type="checkbox"/> Material samples/examples (see Section G)  |
| <input type="checkbox"/> Site plan (if applicable - see Section D)           | <input type="checkbox"/> Existing Condition Depictions (see Section F)  |
| <input type="checkbox"/> Colored architectural elevations<br>(see Section E) | <input type="checkbox"/> 1 digital copy of all materials<br>(email to: <a href="mailto:Planning@cityofplattsburgh-ny.gov">Planning@cityofplattsburgh-ny.gov</a> ) |

**D SITE PLAN REQUIREMENTS (IF APPLICABLE – Small Modifications to an existing structure do not require a Site Plan. Large alterations and/or site additions require a Site Plan):**

Existing Site Conditions	Location and Footprint of Existing Structures:
<input type="checkbox"/> Landscaping <input type="checkbox"/> Utilities & Machinery <input type="checkbox"/> Lighting <input type="checkbox"/> Dumpsters <input type="checkbox"/> Walkways, Driveways, & Parking Areas <b>Site Features</b> including but not limited to: <input type="checkbox"/> Fences <input type="checkbox"/> Mounting Blocks <input type="checkbox"/> Walls <input type="checkbox"/> Cellar holes <input type="checkbox"/> Posts <input type="checkbox"/> Landscaping Features	<i>Both Main Site and Abutting Sites</i> <input type="checkbox"/> Buildings <input type="checkbox"/> Accessory Buildings <input type="checkbox"/> Lot Lines <i>Including:</i> Abutter names TMP numbers

**E BUILDING DESIGN & ELEVATIONS:**

**Visual and Architectural Details for EACH Proposed Façade Alteration (or Cut Sheet, See Section G):**

Accurate Dimensions of:	Clear Depictions of:
<input type="checkbox"/> Windows <input type="checkbox"/> Molding <input type="checkbox"/> Doors <input type="checkbox"/> Trim <input type="checkbox"/> Entries <input type="checkbox"/> Decks	<input type="checkbox"/> Finishes <input type="checkbox"/> Construction Materials <input type="checkbox"/> Colors <input type="checkbox"/> Façade height and length <input type="checkbox"/> Any portions proposed for demolition or removal

**F EXISTING CONDITIONS**

☐ Photographs of Existing Conditions      or      ☐ Digital Renderings

**G MATERIALS**



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- ☐ Cut Sheets and/or Detailed Specification of Materials with colored image  
(eg. Brand Name, Dimensions, Colors/Finishes)

**H** **Supplemental Information**

**Please answer the following questions:**

1. Please explain how the proposed work preserves, enhances, or restores, and does not damage or destroy the exterior architectural features of, the landmark or the subject property within the historic district:

2. Please explain how the proposed work does not adversely affect the special character or special historic, architectural, or aesthetic interest or value of the landmark and its site, or the district:

3. Please detail how the architectural style, arrangement, texture, color, arrangement of color, and materials used for the existing and proposed structures are compatible with the character of the existing landmark and its site or the historic district:

4. Please describe the level of urgency of the project including the current physical condition of the building/site and any safety concerns:



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5. Please outline any previous attempts to restore/preserve the site (be as detailed as possible, including dates):