

City of Kingston
HERITAGE AREA COMMISSION
Application for Review



Applications and supporting materials must be received by the Historic Preservation Administrator in the Planning Office at least 14 days prior to the meeting date in order to be added to the next agenda.

Questions? Contact Suzanne Cahill, Planning Director: (845) 334-3955 scahill@kingston-ny.gov

Property Information

Project Address: _____ Property Tax Map ID# (SBL): _____

Historic District (if applicable): _____ Zoning Districts: _____

Project Description (use additional pages if necessary to attach narrative and supporting images)

Nature of Property Use/Business

Applicant's Information

Applicant's Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Architect/Engineer/Contractor's Information

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Website: _____

Property Owner's Information, Consent, and Signature

Name: _____

Mailing Address: _____

Email: _____ Phone: _____

As the owner/s of the property listed above, I/we hereby attest that I am familiar with the work proposed, that the information entered is correct to the best of my knowledge, and that I give permission for this application to be filed. I also grant permission to the City of Kingston and the Heritage Area Commission members to enter the property in question for purposes of inspection for this review.

Signature of Owner/s

Checklist of Supporting Documentation to be Submitted with this Application (submit all that apply)

- Photographs of existing property from all sides viewable from the street.
- Additional project description or scope of work.
- Annotated site plans displaying building setbacks and accurate dimensions.
- Floor plans, architectural drawings, elevations, and/or shop drawings of proposed changes.
- Manufacturer's product specification sheets, and/or finish samples of materials to be used.
- Plans to preserve/restore historic materials, appearance of building, its neighborhood compatibility.
- Landscape plans.
- Exterior lighting details including fixtures, method of installation, illumination, and timing.
- Signage and details including color, typeface, dimensions, and method of installation.

OFFICE STAFF ONLY:

Date Received: _____ Fee Paid: _____ Receipt Number: _____

SBL: _____ Ward: _____ Zone/s: _____

Other Reviews: _____ PB: _____ HLPC: _____ UCPB: _____ ZBA: _____

SEQRA: Type I _____ Type II _____ Unlisted Action _____

APPLICATION COMPLETE: Yes ___ No _____

**CITY OF KINGSTON
420 BROADWAY
KINGSTON, NEW YORK 12401**



TO THE CITY HERITAGE AREA COMMISSION:

This will authorize _____ to represent me/us and make statements on my/our behalf at the City of Kingston Heritage Area Commission meeting of _____ in the matter of _____

Print Property Owner's Name

Owner's Signature

Owner's Mailing Address

Owner's Phone Number

Date

Representative's Signature & Date

Representative's Address

Representative's Phone Number

Representative's Email/Website Address

**Office of Planning, City Hall, 420 Broadway, Kingston, NY 12401
Phone 845.334.3955 email scahill@kingston-ny.gov
www.kingston-ny.gov**