

HISTORIC ARCHITECTURAL REVIEW BOARD
Borough of New Hope, Bucks County, Pennsylvania
Application for a Certificate of Appropriateness
41 North Main Street
New Hope, PA 18938
215-862-3347

Type of Application: ___ Concept Review ___ Administrative Review ___ Formal Review
(No documents or plans are required for a Concept Review)

Please Type or Print Clearly and Submit Ten (10) Business Days Prior to the Monthly HARB Meeting

1. Owner's Name: _____
Street Address: _____
Mailing Address (if different): _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Email Address: _____

2. Applicant's Name (if other than owner)
Street Address: _____
Mailing Address (if different): _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Email Address: _____

3. Street Address of Property to be Reviewed: _____
Tax Map Parcel Number: 27-_____

4. Tenant(s): _____
Street Address: _____
Mailing Address (if different): _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Email Address: _____

5. Contractor's Name: _____
Street Address: _____
Mailing Address (if different): _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Email Address: _____

6. Architect/Engineer: _____
Street Address: _____
Mailing Address (if different): _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Email Address: _____

7. Use & Type of Property (Check All That Apply):

<input type="checkbox"/> Single Family Residence <input type="checkbox"/> Multi-family Residence <input type="checkbox"/> Office <input type="checkbox"/> Commercial/Retail <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Vacant	<input type="checkbox"/> Single, detached <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment Building <input type="checkbox"/> Warehouse <input type="checkbox"/> Other: _____
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