

**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**

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):  

|   |  |
|---|--|
| ___ Single Family Residence<br>___ Multi-family Residence<br>___ Office<br>___ Commercial/Retail<br>___ Industrial<br>___ Institutional<br>___ Vacant | ___ Single, detached<br>___ Duplex<br>___ Townhouse<br>___ Apartment Building<br>___ Warehouse<br>___ Other: _____ |
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