

**CERTIFICATE OF APPROPRIATENESS FORM
and
CERTIFICATE OF APPROPRIATENESS FORM
For Murals**

07/15/2026

Village of Springville
5 West Main Street
PO Box 17
Springville, NY 14141
(716) 592-4936, FAX (716) 592-7088
villageofspringvilleny.com

VILLAGE OF SPRINGVILLE HISTORIC PRESERVATION COMMISSION

APPLICATION FOR

CERTIFICATE OF APPROPRIATENESS
VALID FOR 12 MONTHS

(Pursuant to Chapter 200 Article XX of the Village Code)

Refer to Certificate of Appropriateness Instructions when completing this form. Refer to the Mural Guidelines for Historic Properties in the Village of Springville when completing the portion of the form for Certificate of appropriateness for Murals.

APPLICANT INFORMATION

ALL APPLICANTS **MUST** ATTEND THE HISTORIC PRESERVATION MEETINGS
HELD THE **SECOND MONDAY** OF THE MONTH
ALL MATERIALS MUST BE TO THE VILLAGE OF SPRINGVILLE OFFICE BY THE
FIRST TUESDAY OF THE MONTH FOR REVIEW

Applicant Name: _____

Mailing Address: _____

E-Mail Address: _____

Telephone: _____

If applicant is acting through an authorized agent or legal representative, identify agent's name, address and telephone:

Does applicant own the property?

_____ **Yes**

_____ **No**

If no, explain

(Owner’s address and telephone

If different from applicant)

Is applicant or owner related to any official or employee of the Village of Springville or the Springville Historic Preservation Commission?

_____ **Yes**

_____ **No**

If yes, explain: _____

PROPERTY INFORMATION

Property Address:

Name of Property
(if applicable):

Tax Map ID No.:

Zoning Classification:

Parcel Size:

Present Use
of Property:

Is the property a designated landmark?

_____ **Yes**

_____ **No**

**Certificate of appropriateness for Alteration, Demolition or New Construction affecting
Landmarks or Historic Districts.**

No person shall carry out any exterior alterations, restoration, reconstruction, demolition or new construction on a site, or the moving of a landmark on a property, located within an historic district, nor shall any person make any material change in the appearance of such property, its light fixtures, signs, sidewalks, fences, steps, paving or other exterior elements which affect the appearance and cohesiveness of the landmark or historic district, without first obtaining a Certificate of Appropriateness from the Commission.

Nature of proposed project (check all that apply):

- ☐ Alteration
☐ Restoration
☐ Reconstruction
☐ Demolition
☐ New Construction
☐ Moving
☐ Mural (complete this form **and** the accompanying form)
☐ Other Material Change (Describe): _____

Narrative statement describing all work to be done, including material specifications (attach additional papers as needed):

Is any part of the project visible from the street or other public right of way?

☐ Yes

☐ No

Criteria for approval of Certificate of Appropriateness Chapter 200 Article XX Section 152A. Please explain how your project will comply with the three principles below if applicable:

- 1. Properties which contribute to the character of the historic district shall be retained, with their historic features altered as little as possible:

- 2. Any alteration of existing properties shall be compatible with its historic character, as well as with the surrounding district.

- 3. New construction shall be compatible with the district in which it is located.

****PHOTO SHOWING ALL SIDES OF THE STRUCTURE WILL BE NEEDED****

REQUIRED: MUST PROVIDE

- Current Photographs of the property.
- Scaled site plan or survey of the property for the proposed project, if applicable,
- Scaled elevation drawing of proposed changes, if applicable.
- Scaled perspective drawing of proposed changes, if applicable.
- Samples of color and/or materials to be used, if applicable,
- If the proposal includes a sign or lettering, a scaled drawing showing the type of lettering to be used, all dimensions and colors, a description of materials to be used, method of illumination and a plan showing the sign's location on the property.

Estimated time for completion:

Project Start Date:_____

Project Completion Date:_____

PLEASE REMEMBER THAT ANY INCOMPLETE OR VAGUE APPLICATIONS WILL BE TABLED UNTIL THE INFORMATION IS RECEIVED.

PLEASE MAKE SURE APPLICATION IS COMPLETE-USE ADDITIONAL PAPER IF NEEDED. THE MORE INFORMATION PROVIDED THE BETTER.

CERTIFICATION

APPLICANT: I hereby certify that this application is accurate and complete and that, if this application is approved, the project will be completed in accordance with the terms and conditions of such approval.

Applicant's Signature: _____ Date: _____

OWNER: (if different from applicant): I have read and familiarized myself with this application and do hereby consent to its submission and processing.

Owner's Signature: _____ Date: _____

CERTIFICATE OF APPROPRIATENESS FORM FOR MURALS

(Only complete this section if filing for a Certificate of Appropriateness for a MURAL)

APPLICANT: I hereby certify that this application is accurate and complete and that, if this application is approved, the project will be completed in accordance with the terms and conditions of such approval.

Applicant's Signature: _____ Date: _____

OWNER: (if different from applicant): I have read and familiarized myself with this application and do hereby consent to its submission and processing.

Owner's Signature: _____ Date: _____

Evidence of Ownership of the Mural: _____
(Attach to this CoA)

Details of Maintenance Plan including who is responsible for maintenance of the mural (attach the written, agreed upon and signed Maintenance Plan): _____

Provide a copy of the written agreement between the applicant (and/or artist) and the property owner identifying who is responsible for removal of the mural.

--- Yes attached.

--- No, not attached.

Photographic documentation of the proposed completed mural, including elevations:

--- Yes attached.

--- No, not attached.

Official use only			
	AYE	NAY	ABSTAIN
Bill Skura, Member	_____	_____	_____
John Baronich, Member	_____	_____	_____
Tom Hawkins, Member	_____	_____	_____
Don Orton, Member	_____	_____	_____
Mike Wolniewicz, Member	_____	_____	_____
Darlene Johnson, Alternate	_____	_____	_____

Village of Springville Historic Preservation Commission Decision

Project Address: _____

Project Description: _____

Approved ☐ Not Approved ☐ Approved with Stipulations ☐

Chairperson Signature: _____ Date: _____

Comments/Stipulations: _____

****THE PROJECT HAS BEEN COMPLETED IN ACCORDANCE WITH THE DECISION
OF THE BOARD AS STATED ABOVE AND IN A TIMELY MANNER****

SIGNATURE

DATE