

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

06/12/2023

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

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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: \_\_\_\_\_

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**PROPERTY INFORMATION**

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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**



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.**

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**CERTIFICATION**

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**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): \_\_\_\_\_

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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

\_\_\_\_\_

Helen Brogan, Member

\_\_\_\_\_

Don Orton, Member

\_\_\_\_\_

Kelly Baker, Member

\_\_\_\_\_

Mike Wolniewicz, Alternate

\_\_\_\_\_

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Village of Springville Historic Preservation Commission Decision

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Project Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

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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