



DESIGN REVIEW COMMISSION

CITY OF SARATOGA SPRINGS

City Hall, 474 Broadway
Saratoga Springs, New York 12866

Telephone 518-587-3550

Fax 518-580-9480

www.saratoga-springs.org

SPECIAL JOINT APPLICATION FOR REVIEW FOR BROADWAY PROPERTIES WITH FAÇADE EASEMENTS

Applicant

Architect/Engineer/Contractor

Name: _____

Telephone: _____

Fax: _____

PROPERTY AFFECTED

Name (if different from above): _____

Address: _____

Date acquired by current owner: _____

Current use: _____

Proposed use: _____

Building permit requested for: New Structure Addition Alteration/Renovation

Painting Demolition Sign Other _____

Has any previous application been filed with the Saratoga Springs Preservation Foundation's Major Properties Committee in connection with this property? yes no

Has a previous application been filed with the Design Review Commission in connection with this property? yes no

Has this matter previously appeared before: Zoning Board of Appeals? _____ If yes, when _____

Planning Board? _____ If yes, when _____

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PROPOSED WORK

Scope of work: _____

Reason for work: _____

Proposed construction schedule: _____

PROPERTY HISTORY

Date of original construction: _____

Original architect/builder: _____

History of use: _____

History of alterations: _____

SUBMISSIONS (See Instructions)

- Site Plan Building Elevations Photographs (including adjacent buildings and all elevations)
- Specifications Product Literature Samples SEQR form

Other: _____

APPLICATION FEE

Application fee: \$25.00 for residential and \$100.00 for non-residential.
 Application fee enclosed: yes no Total: \$ _____
 A check made payable to the "City Clerk" must accompany this application.

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SUBMIT FIFTEEN (15) COPIES of this application and all supplemental materials. All applications are due ten (10) days prior to the first Thursday of the month. This application is to be filed with the Saratoga Springs Building Inspector, City Hall, 2nd floor, 474 Broadway, Saratoga Springs, New York 12866.

I, the undersigned, the owner, purchaser under contract, or leasee of the property, hereby request approval by the Design Review Commission for historic review approval relating to the above identified property. I agree to meet all requirements under Section 240-7 of the Zoning Code of the City of Saratoga Springs.

Date: _____ Signature: _____

If applicant is leasee, owner must also sign.

Date: _____ Signature: _____

(For office use only)

The above noted application has been reviewed by this department and is being forwarded to your Commission.

Additional comments: _____

Date: _____ Building Inspector: _____