READING BOARD OF HISTORICAL ARCHITECTURAL REVIEW
CERTIFICATE OF APPROPRIATENESS APPLICATION

DATE: _____ PARCEL NUMBER: _____

SIGNATURE OF APPLICANT OR AGENT: _____
(Please sign and print your name)

DISTRICT: Callowhill _____ Centre Park _____ Prince _____ Penn's Common _____
Heights Conservation District _____

PROPERTY ADDRESS: _____

PROPERTY OWNER: _____ TELEPHONE: _____
EMAIL: _____
OWNER ADDRESS: _____

APPLICANT MAILING ADDRESS: _____ TELEPHONE: _____
EMAIL: _____

BUILDING IMPROVEMENTS:
Describe proposed project (materials, colors, dimensions, etc.). Attach separate sheet if necessary.

_____

_____

_____

_____

Name of contractor: _____ Telephone: _____

Address: _____ License #: _____
Email: _____

SIGNS:
For signs submit the following:
Sign dimensions: _____ Letter dimensions: _____

Material: _____ Drawing: _____ Color samples: _____ Illumination: _____

Sign location: _____

Sign maker: _____ Telephone: _____
Email: _____

ADDITIONAL INFORMATION REQUIRED FOR REVIEW:
Construction drawings _____ Building elevation _____

Photograph of building _____ Product information/Material samples _____

APPROVED: _____
Historic Preservation Specialist Date

PROJECT MUST BE REVIEWED BY THE HARB ☐

The Reading Board of Historical Architectural Review meets on a regular basis on the third Tuesday of every month in the **Penn Room, First Floor, City Hall, 815 Washington Street, Reading, PA, 19601**. Applications must be made at least ten working days prior to the monthly meeting. For questions please call (610) 655-6414 or email Amy.Johnson@readingpa.gov.

Next meeting: 6:30 p.m. in City Hall on Tuesday, _____ 20_____

Return application by: _____