



CITY OF LANCASTER HISTORIC DISTRICT

**Request for Conceptual Discussion
before the Historical Architectural Review Board
(HARB)**

INFORMATION DATA SHEET

Date of Application: _____

PLEASE TYPE OR PRINT LEGIBLY (Indicate N/A where not applicable.)

1. PROPERTY INFORMATION

a. Street Address: _____

Owner's Name: _____
Mailing Address: _____
Phone: _____ Fax: _____ E-Mail: _____

b. Name of Owner's Representative (if applicable): _____
Relationship to Owner: _____
Street Address: _____

Mailing Address: _____
Phone: _____ Fax: _____ E-Mail: _____

2. PROPOSED CHANGES (Briefly describe proposed new construction or demolition.)

3. REQUIRED ACCOMPANYING DOCUMENTATION – CHECKLIST

- ___ a. Color photographs of the following:
 - 1.) location where proposed demolition or new construction is to occur
 - 2.) all elevations of any building proposed for demolition
 - 3.) the streetscapes adjacent to and directly across the public street from the site

- ___ b. Scaled site plans with building footprint, if any.

- ___ c. Scaled, dimensioned drawings of all elevations visible from a public street for any proposed new construction, with drawing notes indicating proposed materials (if schematic design development has begun)

- ___ d. Any additional information applicant wishes to submit.

4. SIGNATURE OF PROPERTY OWNER OR REPRESENTATIVE:

Please call the City Historic Preservation Specialist at 291-4726 if you have any questions.

OFFICIAL USE ONLY

Date of site visit: _____

Conceptual Discussions

Dates:

Notes:

#1 _____

#2 _____