

The Historic Commission meets on the fourth Tuesday of each month at 9:30 AM. The application for review shall be received by the West Pikeland Township office at 1645 Art School Road Chester Springs, PA 19425, eight (8) calendar days prior to the next scheduled meeting of the Historic Commission to be placed on the Agenda.
Historic Commission Meeting.

For Office Use Only:

Date Comments Received from Building/Zoning Officer: _____

Date HC Application Received by Township Office _____

Date of Application Review Meeting by HC: _____

Section III

DESCRIBE THE PROJECT

1. Additions/New Construction/Subdivision

- Additions
- New Construction
- Building Relocation
- Subdivision/Land Development (*for information only*)
- Variance

2. Alterations/Renovation

- Storefront
- Roof/chimney/cornice
- Walls
- Doors
- Windows/shutters
- Porch/stoop/stairs
- Paint
- Repointing
- Exterior cleaning
- Trim
- Fences

3. Repair/Replacement

- Storefront
- Roof/chimney/cornice
- Walls
- Doors
- Windows/shutters
- Porch/stoop/stairs
- Paint
- Repointing
- Exterior cleaning
- Trim
- Fences/walls/gates

4. Signs/Awnings

- Sign
- Awning
- Other Sign

5. Demolition

- Demolition

6. Other

- Other

SECTION IV

DETAIL DESCRIPTION OF THE PROJECT (*Describe work on exterior only*)

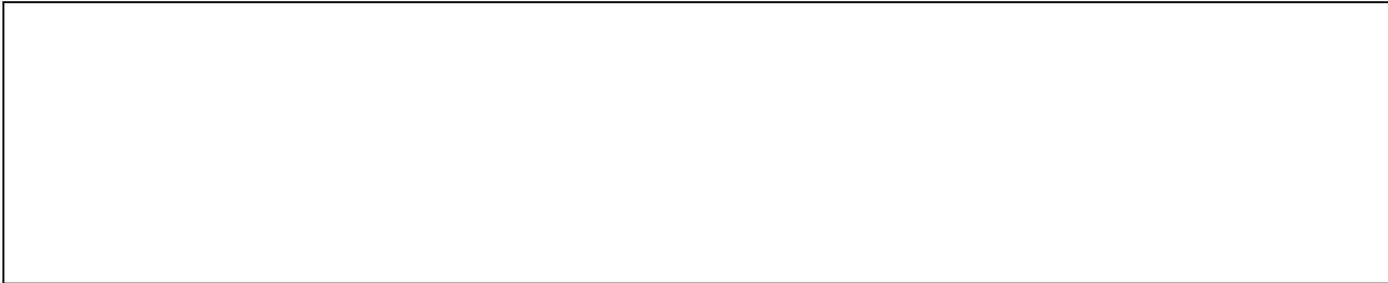
SECTION V

PRESERVATION OF HISTORIC CHARACTER:

What steps will be taken to preserve your building's historic character and that of the surrounding district?

SECTION VI

OTHER INFORMATION THE HISTORIC COMMISSION SHOULD TAKE INTO CONSIDERATION REGARDING THE APPLICATION:



APPLICANT SHALL SUBMIT (5) COPIES OF THE REQUIRED PLANS WITH THIS APPLICATION

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

Signature of Owner: _____ Date _____

Note: This application along with a Building Permit Application must be submitted to the Township Office a minimum of eight (8) calendar days before the next HISTORIC COMMISSION meeting.

TO BE FILLED IN BY HISTORIC COMMISSION

Date Received from Township Office: _____

Date Application deemed complete: _____

Date of Meeting this Application Reviewed: _____

Letter of Recommendation sent to Bld./Zng.Off.: _____

Application No. _____

Date of Application (complete) _____

Date Twp. Office Notified _____