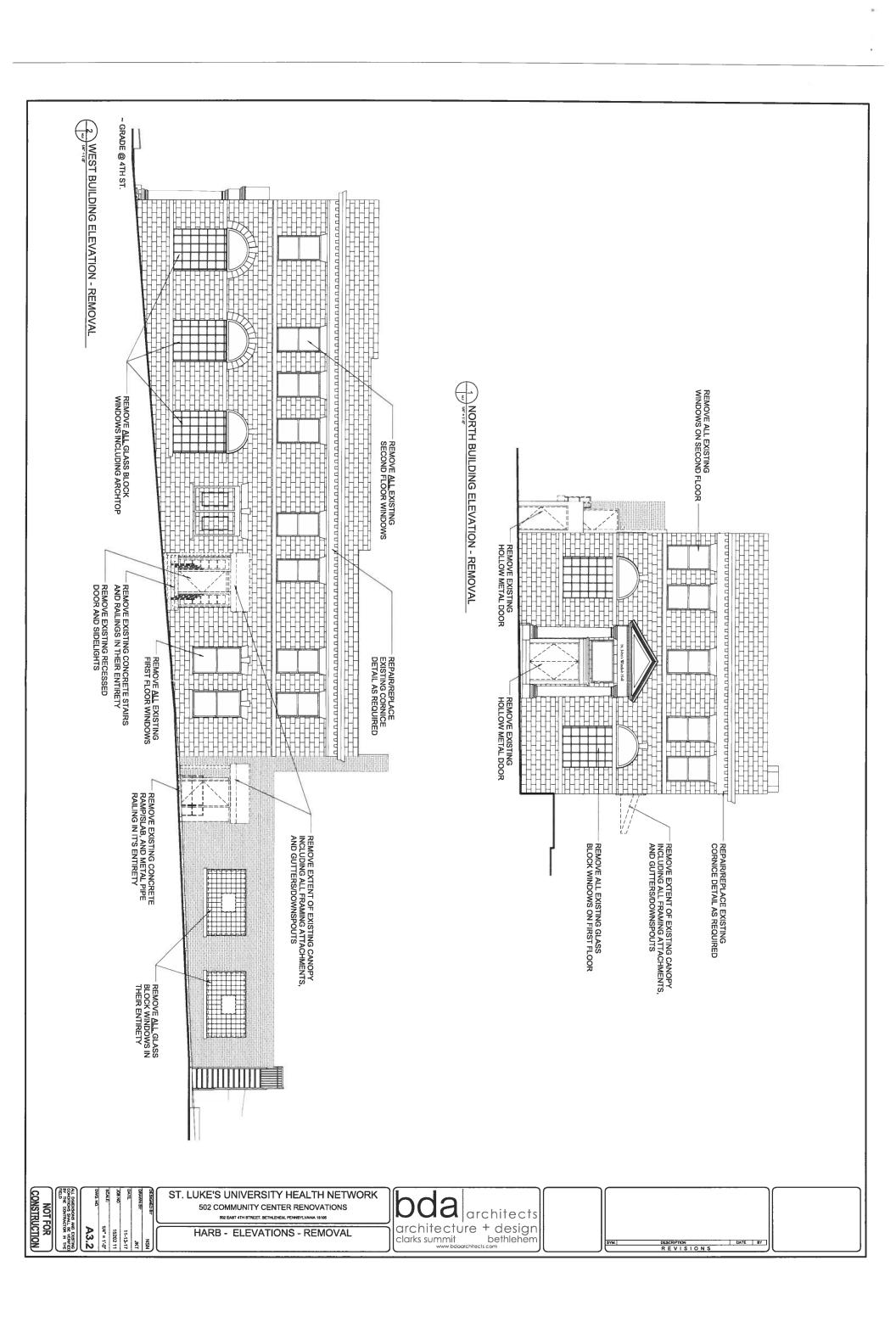
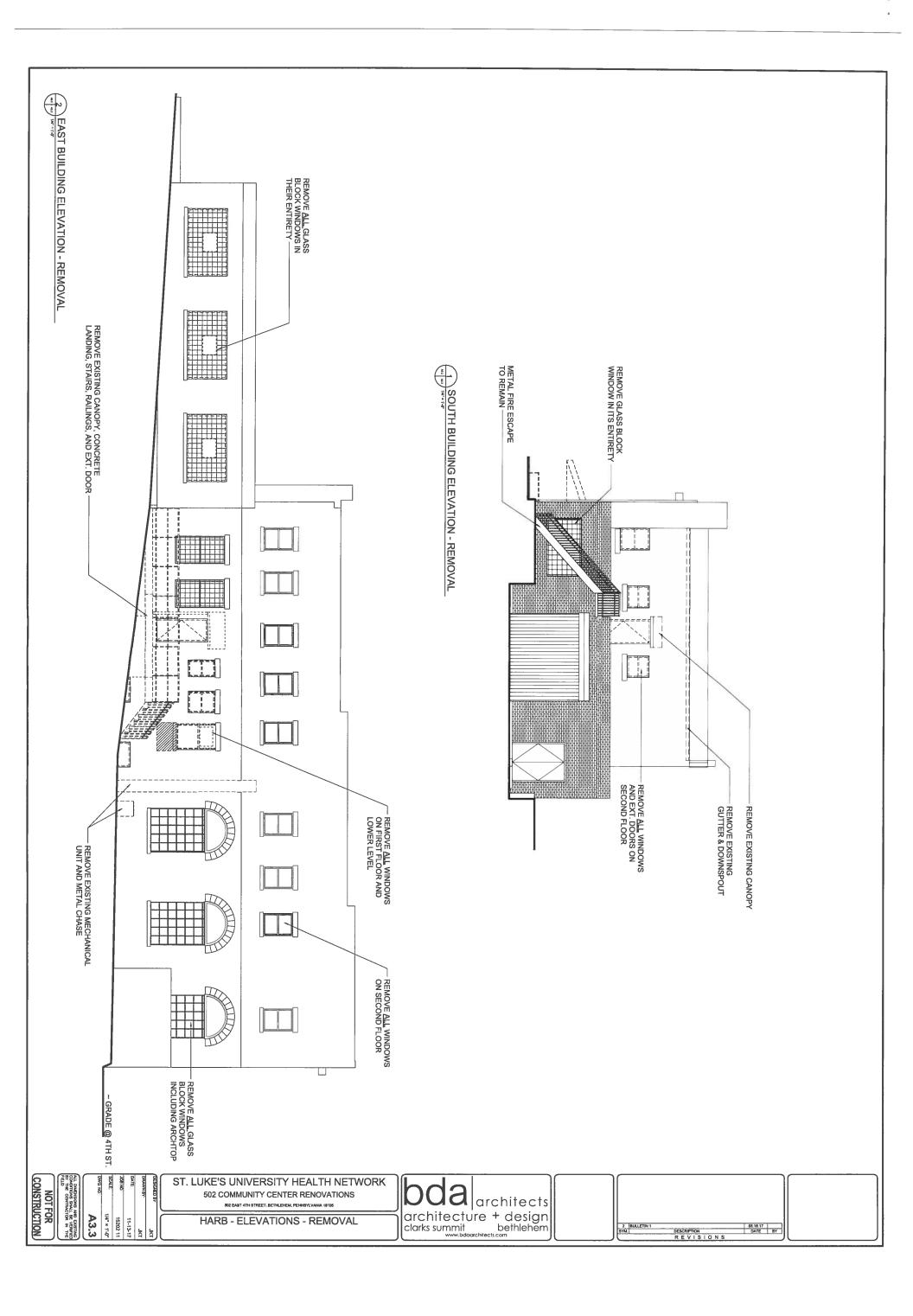
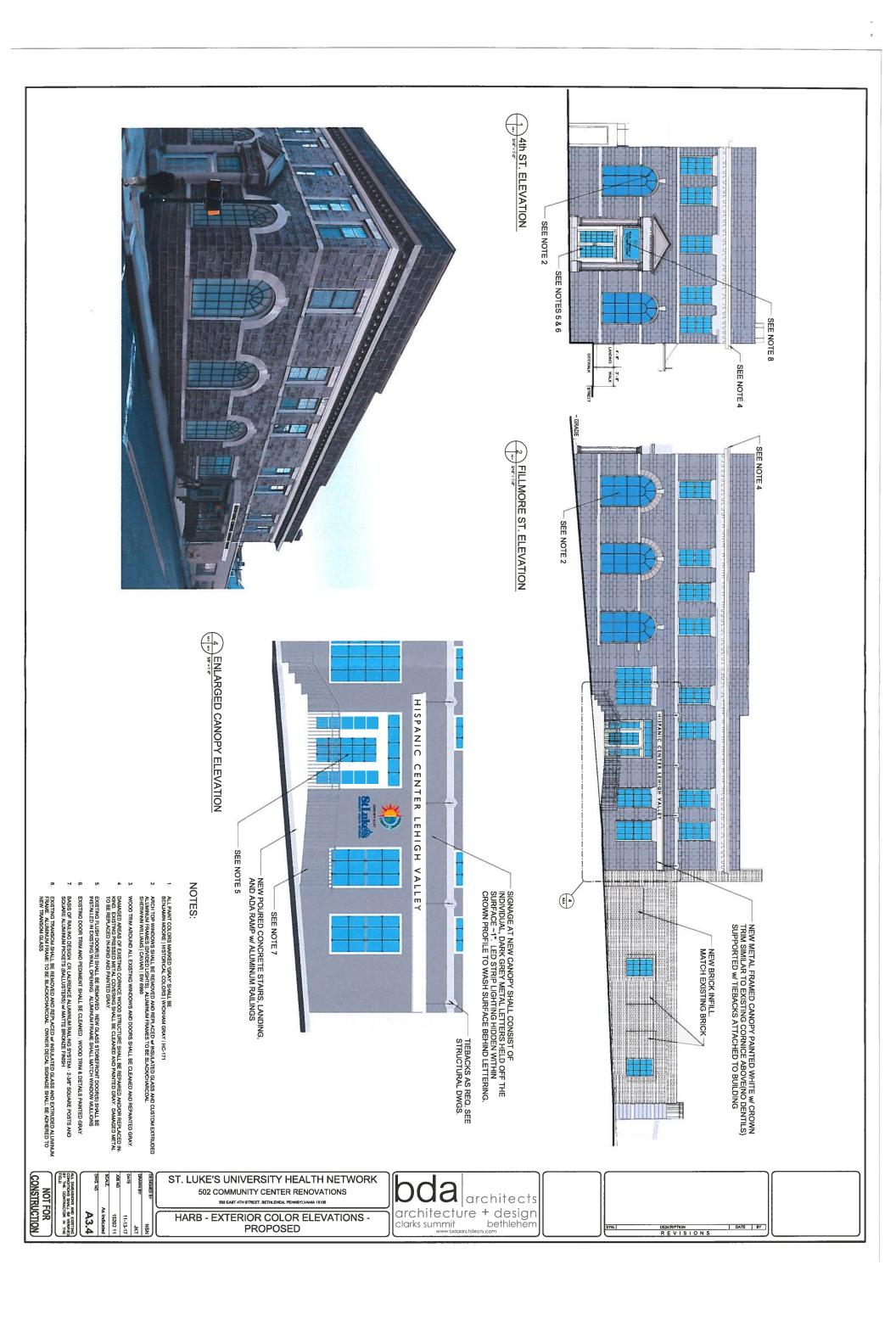
## City of Bethlehem, Pennsylvania

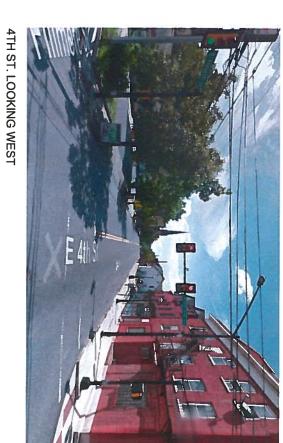
| 5. APPLICANT'S SIGNATURE DATE: 11-13-17   |
|---|
| 4. DESCRIBE PROJECT – Describe any work checked in #2 and #3 above. Attach additional sheets as needed. Interior Renovations / Building Code Improvements. New Exterior Canopy, ADA Ramp, and Stairs. Exterior Facade Restoration in selected areas and new windows throughout. |
| and site plan)  |
| X Demolition, removal of building features or building (1/4" or 1/8"=1'0" scale drawings: elevation of remaining site   |
| New building or structure (1/4" or 1/8"=1'0" scale drawings: elevations, floor plans, site plan)  |
| New addition (1/4" or 1/8"=1'0" scale drawings: elevations, floor plans, site plan)   |
| X Alteration, renovation, restoration (1/4 or 1/8"=1'0" scale drawings required IF walls or openings altered.)  |
| SPECIFICATIONS  |
| 3. DRAWINGS OF PROPOSED WORK - Required drawings must accompany your application. Please submit <u>ONE</u>  |
| X Paint (Submit color chips - HARB only)  |
| Shutters and associated hardware Other  |
| Storm windows and storm doors X Demolition (Selective)  |
| X Windows, doors, and associated hardware X Signs   |
| _ Roofing, gutter and downspout   |
| X Siding and Masonry X Metal work   |
| X Trim and decorative woodwork Skylights  |
| products you will use in this project.  |
| 2. TYPE OF WORK PROPOSED - Check all that apply. Please bring any samples or manufactures specifications for  |
| 1. PHOTOGRAPHS - Photographs of your building and neighboring buildings must accompany your application.  |
| South Bethlehem & Mount Airy Historic Conservation Commission - Application form, photographs, and drawings (if necessary) must be submitted by 12:00 noon on the second Monday of the month in order to be placed on the agenda for the next meeting.                          |
| Historic & Architectural Review Board – Application form, photographs, and drawings (if necessary) must be submitted by 12:00 Noon on the last Wednesday of the month in order to be placed on the agenda for the next meeting.   |
| USE THE CHECKLIST ON THE BACK OF THIS APPLICATION TO ENSURE YOUR SUBMISSION IS  COMPLETE.   |
|   |
| Applicant's email & mailing address Jude budationic control west broad succes, suite 1004, bennieden, em 10010  |
| Phone: 610-625-0096   |
| ng address mcolon@hclv.org/elizabeth.srock@   |
| Owner of building Hispanic Center Lehigh Valley Phone 570-868-7800  |
| Building address 502 East 4th Street, Bethlehem, PA 18015   |
| APPLICATION FOR CERTIFICATE OF APPROPRIATENESS (COA)  |

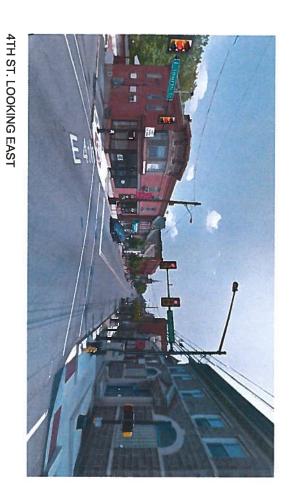




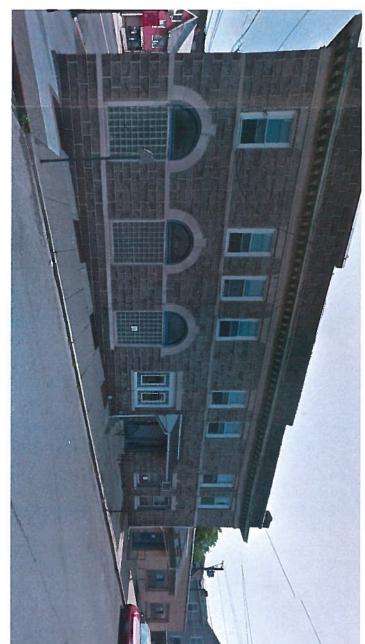








FILLMORE ST. BUILDING FACADE





ST. LUKE'S UNIVERSITY HEALTH NETWORK 502 COMMUNITY CENTER RENOVATIONS

HARB - EXISTING PHOTOS

bda architects architects architecture + design bethlehem

DATE BY REVISIONS

A3.5

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