

**APPLICATION FOR CERTIFICATE OF APPROPRIATENESS (COA)**

Building address 502 E. 4th Street, Bethlehem, PA 18015

Owner of building Hispanic Center Lehigh Valley

Owner's email & mailing address

Applicant Justin Tagg

Applicant's email & mailing address

Street and Number

City

State

Zip Code

Phone

Phone:

1 West Broad Street, Suite 1004, Bethlehem, PA 18018

**APPLICANT MUST ATTEND MEETING FOR CASE TO BE HEARD.**

**USE THE CHECKLIST ON THE BACK OF THIS APPLICATION TO ENSURE YOUR SUBMISSION IS COMPLETE.**

*Historic & Architectural Review Board – Application form, photographs and drawings 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.*

*South Bethlehem & Mount Airy Historic Conservation Commission - Application form, photographs, and drawings 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.*

**1. PHOTOGRAPHS** - Photographs of your building and neighboring buildings **must accompany** your application.

**2. TYPE OF WORK PROPOSED** – Check all that apply. Please bring any samples or manufactures specifications for products you will use in this project.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Trim and decorative woodwork | <input type="checkbox"/> Skylights      |
| <input checked="" type="checkbox"/> Siding and Masonry           | <input type="checkbox"/> Metal work     |
| <input type="checkbox"/> Roofing, gutter and downspout           | <input type="checkbox"/> Light fixtures |
| <input type="checkbox"/> Windows, doors, and associated hardware | <input type="checkbox"/> Signs          |
| <input type="checkbox"/> Storm windows and storm doors           | <input type="checkbox"/> Demolition     |
| <input type="checkbox"/> Shutters and associated hardware        | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Paint (Submit color chips – HARB only)  |   |

**3. DRAWINGS OF PROPOSED WORK** – Required drawings **must accompany** your application. Please submit **ONE ORIGINAL AND TEN (10) COPIES OF DRAWINGS, PHOTOGRAPHS, APPLICATION FORM, AND ANY SPECIFICATIONS**

- Alteration, renovation, restoration (1/4 or 1/8"=1'0" scale drawings required IF walls or openings altered.)
- New addition (1/4" or 1/8"=1'0" scale drawings: elevations, floor plans, site plan)
- New building or structure (1/4" or 1/8"=1'0" scale drawings: elevations, floor plans, site plan)
- Demolition, removal of building features or building (1/4" or 1/8"=1'0" scale drawings: elevation of remaining site and site plan)
- A scale drawing, with an elevation view, is required for all sign submittals

**4. DESCRIBE PROJECT** – Describe any work checked in #2 and #3 above. Attach additional sheets as needed. Proposed work to include new facade at rear of building on Fillmore Street side to revitalize existing beige brick. Existing photos and working rendering(s) attached for design input and discussion.

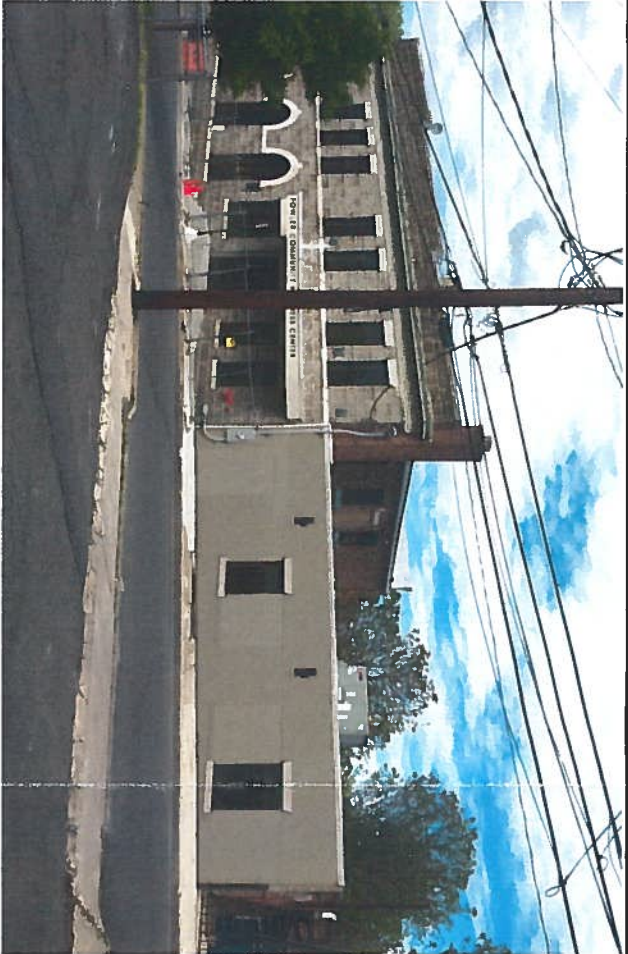
**5. APPLICANT'S SIGNATURE**



**DATE:** 05-14-18



EXISTING REAR FACADE - TAN BRICK



STAINED BRICK - TAUPE W/ SILLS AND HEADERS



COMPLIMENTARY - LIGHT STONE W/ GREY STONE SILL & HEAD DETAILS



GREY STONE BASE W/LIGHT STONE ABOVE



STONE BASE W/ SILL CAP AND STAINED BRICK ABOVE



SIMILAR TO EXISTING - GREY STONE W/ LIGHT STONE SILL & HEAD DETAILS



GREY STONE W/ HEAD DETAIL

SYM	DESCRIPTION	DATE	BY
REVISIONS			

**bda** architects  
 architecture + design  
 clarks summit      bethlehem  
 www.bdaarchitect.com

ST. LUKE'S UNIVERSITY HEALTH NETWORK  
 502 COMMUNITY CENTER RENOVATIONS  
 502 EAST 4TH STREET, BETHLEHEM, PENNSYLVANIA 18105

REAR FACADE UPGRADE

DESIGNED BY: JKT  
 DRAWN BY:  
 DATE: 4-22-16  
 JOB NO: 15202-11  
 SCALE:  
 DRAW NO: **A3.6**

ALL DIMENSIONS AND EXISTING CONDITIONS SHALL BE VERIFIED IN THE FIELD PRIOR TO CONSTRUCTION IN THE CONSTRUCTION DOCUMENTS