

**CITY OF SPRINGBORO, OHIO
ARCHITECTURAL REVIEW BOARD**

**APPLICATION FOR
CERTIFICATE OF APPROPRIATENESS**

Any exterior changes made to buildings, outbuildings, signs, fences, or features located within the Springboro Preservation District or to an individually designated historical landmark is not permitted unless and until a Certificate of Appropriateness for such action is issued by the Architectural Review Board (ARB). The ARB will review plans and specifications, monitor work in progress, and administer Chapter 1230 of the Codified Ordinances of the City of Springboro.

Contact the City Planner for the time and location of the ARB meetings. Applicants are encouraged to appear before the ARB in support of their applications.

- Preservation District
- Historical Landmark

Property Address: _____

Owner: _____

Mailing Address: _____

E-mail Address: _____

Phone Number: _____

Contractor: _____

Phone Number: _____ Email: _____

(Notification of ARB action will be mailed to owner, unless otherwise requested.)

Request for: Principal structure Carriage house, garage, outbuilding
 Painting/roofing (see 2nd page) Other _____

DESCRIPTION OF WORK

Be sure to specify the exact location on the structure, the nature of the work, the materials to be used, and the historic features to be repaired or replaced. Landscaping, fencing, etc. should include a sketch of the property showing the proposed location. In order to make an appropriate, fair, and timely decision, the ARB may require additional detailed information such as sketches, photographs and information about the proposed materials to be used (e.g., brochures, paint chips, catalog data). The ARB will be happy to help you with this. For changes in paint colors and roofing, please complete the questions on the next page.

Roofing and Repainting
Existing Fixed Colors:

Existing roof colors: _____
 Unpainted brick, house or porch: _____
 Other fixed colors: _____

If your project includes roofing:

Please describe the kind of material (slate, metal, asphalt/fiberglass, built-up flat roof, etc.)
existing: _____

Is it dimensional? (Diamond-shape, rounded, imitation wood shake or slate, standing seam metal, etc.) _____

Proposed new roof (manufacturer, color, material, pattern, etc.) _____

If your project includes a new exterior paint color scheme:

Please indicate paint manufacturer: _____

Please indicate color palette below:

Color Name	Color Number	Location on Structure
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicants are encouraged to provide manufacturer paint chips along with their application.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Application Filed: In Person By mail Fax
 From Building Department Phone

Taken by: _____ Date: _____

Date received Architectural Review Board Office: _____, 20____

Scheduled for Meeting of: _____, 20____

Architectural Review Board Action on Request: _____, 20____

Project Completed as Approved? Yes No