

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

This checklist is based upon the Federal Department of the Secretary of Interior's Standards which the City of Isleton has adopted for preservation, and is to be used as a guide to insure work done on properties within the Isleton Asian-American District are in compliance. Refer to the Isleton Asian American National Register District Design Guidelines to determine the extent of requirements.

Upon completion of this Preservation Checklist please return it to Isleton City Hall for review. Upon completion of review of your COA you will be notified by mail as to the results. Note: Review your information to insure it is correct and complete. Depending on the scope of work to be performed, you could be required to attend a preconstruction meeting (as determined by the Isleton Building Department) and or, to attend an Isleton Historic Preservation Review Board (IHPRB) meeting to discuss your COA plans.

NOTE: COA will not be accepted without photographs

Photos of your structure are required; photos must be current to date, all sides of the structure will be photographed annotated with orientation of view (i.e. North, South, East, West)

Contact Information of person applying for COA (Name/Address/Phone/Email):

Address of property that the COA is being applied for:

Is Property within the boundaries of the Isleton Asian-American District?

___ Yes

___ No

If yes COA must be reviewed by Isleton Historic Preservation Review Board (IHPRB).

Is the property listed as historically contributing within the National Register District?

___ Yes

___ No

Description of work to be performed (i.e. attach drawings, photos, material samples etc).

ITEMS A THRU D FOR ISLETON BUILDING DEPARTMENT USE ONLY - DO NOT FILL IN

A. Requested work to be performed is:

 MAJOR; if major, a preconstruction meeting is triggered.

Time / date, other info concerning the preconstruction meeting.

 MINOR

Comment:

B. Current condition / configuration of building documented with photographs, all sides of the building have been photo-documented with current date, time, and orientation (N-E-S-W).

C. Area where work is to be completed has been specified and detailed.

D. Specifications and images for materials to be utilized are documented.

Signature of Mike Leach,
Building Official

PRESERVATION

1. Property requires stabilization until additional work may be undertaken.

Yes

No

Comment: _____

2. Structural work will not alter the features, spaces and spatial relationships that characterize the property.

Yes

No

Comment: _____

3. Distinctive materials, features, finishes and construction techniques that characterize the property are preserved.

Yes

No

Comment: _____

4. New materials match the old in composition, design, color and texture.

Yes

No

Comment: _____

5. Work methods will not damage historic materials.

Yes

No

Comment: _____

6. Archeological controls required.

Yes

No

Comment: _____

REHABILITATION

1. Does the planned use of the property affect distinctive materials, textures, spaces and spatial relationships?

____ Yes

____ No

Comment: _____

2. Will distinctive materials have to be removed or altered including features, spaces and spatial relationships?

____ Yes

____ No

Comment: _____

3. Conjectural, historic developmental features or elements will not be undertaken.

____ Yes

____ No

Comment: _____

4. Distinctive materials, features, finishes and construction techniques are preserved.

____ Yes

____ No

Comment: _____

5. New work shall be differentiated from the old and will be compatible with the historic materials, features, size, scale and proportion, and massing to protect the integrity of the property and its environment (Note: If such new work is removed in the future, the essential form and integrity of the historic property and its environment will be unimpaired).

____ Yes

____ No

Comment: _____

RESTORATION

1. Will the properties new use reflect the restoration period?

___ Yes

___ No

Comment: _____

2. Removal of materials, alterations of features, spaces, and spatial relationships that characterize the period will not be undertaken.

___ Yes

___ No

Comment: _____

3. Documentation of work is required. Each property will be recognized as a physical record of its time, place, and use. Work needed to stabilize, consolidate and conserve materials and features from the restoration period will be physically and visually compatible, identifiable upon close inspection, and properly documented for future research. Replacement of missing features from the restoration period will be substantiated by documentary and physical evidence. A false sense of history will not be created by adding conjectural features, features from other properties, or by combining features that never existed together historically.

___ Yes

___ No

Comment: _____

4. Project design is historically accurate for time period.

___ Yes

___ No

Comment _____

RECONSTRUCTION

1. Is reconstruction of vanished or non-surviving portions of project required?

Yes

No

Comment: _____

2. Is there documentary / physical evidence to permit accurate reconstruction?

Yes

No

Comment: _____

3. Has a thorough archeological investigation been conducted to identify features which are essential for an accurate reconstruction?

Yes

No

Comment: _____

4. Will measures be used to preserve any remaining historic materials, features, and spatial relationships? If yes, please briefly describe.

Yes

No

Comment: _____

5. Reconstructed property will re-create the appearance of the non-surviving historic property in materials, design, color and texture.

Yes

No

Comment: _____

6. A reconstruction will be clearly identified as a contemporary re-creation.

Yes

No

Comment: _____

7. Designs that were never executed historically will not be constructed.

Yes

No

Comment: _____

Signature of Applicant: _____

Date Submitted: _____

OFFICE USE

COA submitted for review (Received by City Hall)

Signature: _____

Date Submitted: _____

COA received for review (Received by IHPRB)

Signature: _____

Date received: _____

COA reviewed (IHPRB)

Signature: _____

Date of review: _____

IHPRB REVIEW FINDINGS

Signature of IHPRB Board Member

____ **Approved**
____ **Disapproved**

COMMENTS

Lined area for comments with 30 horizontal lines.