

CITY OF ALBANY, NEW YORK  
HISTORIC RESOURCES COMMISSION

CERTIFICATE OF APPROPRIATENESS

**To be completed by staff**

HISTORIC LISTING: \_\_\_\_\_

ARCHEOLOGY: Excavation in archeological district? \_\_\_ Yes \_\_\_ No

If yes, measures taken:

DEMOLITION: \_\_\_ No \_\_\_ Yes \_\_\_ Hardship \_\_\_ Non-contributing  
\_\_\_ Building Commissioner's determination

Date received by HRC staff: \_\_\_\_\_ Initials: \_\_\_\_\_

Date application determined to be complete: \_\_\_\_\_ Initials: \_\_\_\_\_

DATE OF DECISION: \_\_\_\_\_ By: \_\_\_ Staff \_\_\_ HRC Vote: \_\_\_\_\_

CERTIFICATE OF APPROPRIATENESS IS HEREBY: \_\_\_ Approved \_\_\_ Denied  
\_\_\_ Approved with conditions (see below)

SIGNATURE: \_\_\_\_\_  
(on behalf of Historic Resources Commission)

CONDITIONS OF APPROVAL / EXPLANATION OF DECISION:

Date decision sent to Building Department: \_\_\_\_\_

EXPIRATION DATE OF CERTIFICATE OF APPROPRIATENESS: \_\_\_\_\_