

CERTIFICATE OF APPROPRIATENESS FORM

CITY OF NORTH TONAWANDA
CITY HALL 216 PAYNE AVENUE
NORTH TONAWANDA, NEW YORK 14120
(716) 695-8555 FAX (716) 695-8557

NORTH TONAWANDA HISTORIC PRESERVATION COMMISSION
APPLICATION FOR
CERTIFICATE OF APPROPRIATENESS
(Pursuant to Chapter 51C of the City Code)

APPLICANT INFORMATION

Applicant Name: RIVIERA THEATRE
Mailing Address: 67 WEBSTER ST. NORTH TONAWANDA, NY 14120
Telephone: (716) 692-2413
E-mail: EXECUTIVEDIRECTOR@RIVIERATHEATRE.ORG

If the applicant is acting through an authorized agent or legal representative, identify agent's name, address and telephone:

EXECUTIVE DIRECTOR - DAVID FILLENWARTH

Does applicant own the property?: X Yes _____ No

If no, please explain: _____

Owner's name, address, and telephone (if different from applicant):

Is owner or applicant related to any official or employee of the City of North Tonawanda or the North Tonawanda Historic Preservation Commission?

_____ X _____
Yes No

If yes, please explain: _____

PROPERTY INFORMATION

Property Address: 67 WEBSTER STREET

NORTH TONAWANDA, NY 14120

Name of Property (if applicable): _____

Tax Map ID No.: 291-200-185-037-0001-011-00-HIST

Zoning Classification: COMMERCIAL (C-2)

Parcel Size: BUILDING - 15796 SQ.FT. / LOT - 5996 SQ.FT.

Present Use of Property: THEATER

Historic Use of Property: THEATER

Is the property a designated Landmark?: ✓ _____
Yes No

Is the property within a designated Historic District?: _____ ✓ _____
Yes No

PROJECT INFORMATION

Nature of the proposed project (check all that apply):

- Alteration
- Restoration
- Reconstruction
- Demolition
- New Construction
- Moving
- Signage (REPLACEMENT)
- Other Material Change (Describe):

Is any part of the project visible from the street or other public right of way?

Yes No

Detailed Description of the Project (attach additional pages if needed):

- REPLACING EXISTING RIVIERA THEATER LIGHTED SIGN
ABOVE THE STAGE LOADING DOORS.

- SEE ATTACHED PHOTO

NOTE: Attach photos of the property as it exists, along with historic photos if possible and detailed drawings of proposed changes, including materials to be used.

What are your reasons for undertaking this project?

HOUSING BOX AND ELECTRIC NEEDS TO BE REPLACED.

Estimated time for completion: JUNE 2022

If this application is denied would it pose a hardship for you:

Yes No

If yes, please explain:

CERTIFICATION

APPLICANT: I hereby certify that this application is accurate and complete to the best of my knowledge.

Applicant's Signature: [Signature] Date: 5/27/22

OWNER: (if different from applicant, and if owner concurs in application): I have read and familiarized myself with this application and do hereby consent to its submission and processing.

Owner's Signature: Date: