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# Historic Review of Substitute Materials

COMMUNITY DEVELOPMENT DEPARTMENT  
Planning Division  
P.O. Box 490  
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Albany, OR 97321  
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[www.cityofalbany.net](http://www.cityofalbany.net)

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**TO BE FILLED OUT BY STAFF**

File No. \_\_\_\_\_ Date of Preapplication Conference \_\_\_\_\_

Filing Fee \$38 (Fees subject to change every July 1)

Date Fee and Application Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Receipt No.: \_\_\_\_\_ Received By: \_\_\_\_\_

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## HISTORIC REVIEW OF SUBSTITUTE MATERIALS CHECKLIST

Before you submit an application to the Planning Division, please check this list to verify you are not missing essential information. An incomplete application may delay the approval process.

- BASIC INFORMATION.** Provide all the basic information about the building and proposed project.
- WRITTEN DESCRIPTION/DRAWINGS.** Provide **TEN (10)** copies that detail the intended the types of substitute materials and proposed dimensions, proposed methods of application of substitute materials and preservation of the original materials and architectural elements.
- PHOTOGRAPHS.** Please submit **TEN (10)** copies of any photos that clearly show the current condition of the area intended to be altered by the application of substitute materials.
- PEST AND DRY ROT INSPECTION REPORT.** The City may require a pest and dry rot inspection and a report assessing the structures condition. If required, please submit **TEN (10)** copies.
- REVIEW CRITERIA RESPONSES.** On a separate paper, prepare a written statement addressing the review criteria and providing findings of fact in support of the application.
- PROPERTY NOTIFICATION LIST.** Submit one copy of a list of names, addresses, and County Tax Assessor's map and tax lot identification of all properties within 100 feet of the site.
- SURROUNDING PROPERTY MAP.** Submit a County Assessor's map that outlines the area used to prepare the notification list.
- APPLICANT/PROPERTY OWNER INFORMATION.** List all current owners of record and others to be notified, such as agents and engineers. All property owners of record must sign the form. Agents may sign only with an attached Power of Attorney or letter of authorization from the actual owner(s).
- REVIEW FEE.** Submit a check made payable to the City of Albany in the appropriate amount for this application. See the front of the application form for the current fee.

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## HISTORIC REVIEW OF SUBSTITUTE MATERIALS

The City reviews the use of substitute materials to encourage preservation of characteristics and materials of the historic architectural style. Review is required for the application of substitute materials for siding, windows and trim on buildings or structures originally constructed before 1946 and on the Local Historic Inventory.

A preapplication meeting is held for all applications unless the Community Development Director determines one is not necessary. The meeting provides for an exchange of information about Development Code and Comprehensive Plan requirements and offers technical and design assistance to the applicant. **Please contact Anne Catlin at 917-7560 to arrange a time to meet to review your project proposal.**

The Landmarks Advisory Commission reviews applications for use of substitute materials. The applicant and adjoining property owners within 100 feet receive notification of the Landmarks Advisory Commission meeting on the proposal. The Commission accepts both written and verbal testimony. Use of substitute materials on buildings participating in Oregon's Special Assessment of Historic Property Program also requires review and approval by the State Historic Preservation Office. The Landmarks Advisory Commission's decision is forwarded to the State Historic Preservation Office.

Projects that require a historic review may also require other land use reviews. If other reviews are required, they may be handled concurrently.

Before the review body can approve an application, the applicant must submit information that adequately supports the application. If the applicant submits insufficient or unclear information, the application will be denied or delayed.

The Landmark's Advisory Commission may attach conditions of approval appropriate for the promotion or preservation of historic or architectural integrity. All conditions must relate to a review criterion.

All decisions must specify the basis for the decision. Landmark's Advisory Commission decisions may be appealed to the Albany City Council. Decisions of the Community Development Director may be appealed to the Landmarks Advisory Commission.

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# HISTORIC REVIEW OF SUBSTITUTE MATERIALS APPLICATION

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## PROPERTY DESCRIPTION

Property address \_\_\_\_\_

List all other addresses on the property \_\_\_\_\_

Assessor's Parcel Map No. \_\_\_\_\_ Tax Lot No. \_\_\_\_\_

Zoning designation \_\_\_\_\_ Current use of site \_\_\_\_\_

Historic district (circle one) Hackleman Monteith Downtown Commercial Airport Local Inventory

Historic building name \_\_\_\_\_

Historic rating (circle one) Historic Contributing Historic Non-Contributing Non-Contributing

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## PROJECT DESCRIPTION

House Style \_\_\_\_\_ House Construction date \_\_\_\_\_

Please explain in detail what original features (siding, windows, trim, etc.) are proposed to be replaced. For windows, measurements are needed for each window proposed to be replaced. At least one photograph of each window is required to show the condition of window parts. Attach additional sheets if necessary. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed materials and application methods (include dimensions and design details for each window)(Note: new windows must approximate the style and profile of the original windows. For example, a single-pane sash must be replaced with a single-pane sash; a six-pane sash must be replaced with a six-pane sash.) \_\_\_\_\_

\_\_\_\_\_

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How will the original materials and architectural features/elements be preserved? \_\_\_\_\_

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\_\_\_\_\_

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## ELIGIBILITY

The City of Albany interprets the Secretary of the Interior's Standards for Rehabilitation on compatibility to allow substitute siding and windows only under the following conditions:

The building or structure is rated historic non-contributing OR, in the case of historic contributing buildings or structures, the existing siding, windows or trim is so deteriorated or damaged that it cannot be repaired and finding materials that would match the original siding, windows or trim is cost prohibitive.

Any application for the use of substitute siding, windows and/or trim will be decided on a case-by-case basis. The prior existence of substitute siding and/or trim on the historic buildings on the Local Historic Inventory will not be considered a factor in determining any application for further use of said materials. [ADC 7.200]

Design and Application Criteria for Substitute Materials. or buildings or structures rated historic contributing or historic non-contributing, the application for the use of substitute materials on siding, windows or trim must follow these guidelines:

1. The proposed substitute materials must approximate in placement, profile, size, proportion, and general appearance the existing siding, windows or trim.
2. Substitute siding, windows and trim must be installed in a manner that maximizes the ability of a future property owner to remove the substitute materials and restore the structure to its original condition using traditional materials.
3. The proposed material must be finished in a color appropriate to the age and style of the house, and the character of both the streetscape and the overall district. The proposed siding or trim must not be grained to resemble wood.
4. The proposed siding, windows or trim must not damage, destroy, or otherwise affect decorative or character-defining features of the building. Unusual examples of historic siding, windows and/or trim may not be covered or replaced with substitute materials.
5. The covering of existing historic wood window or door trim with substitute trim will not be allowed if the historic trim can be reasonably repaired. Repairs may be made with fiberglass or epoxy materials to bring the surface to the original profile, which can then be finished, like the original material.
6. Substitute siding or trim may not be applied over historic brick, stone, stucco, or other masonry surfaces;

For the application of substitute siding and trim only:

7. The supporting framing that may be rotted or otherwise found unfit for continued support shall be replaced in kind with new material.
8. The interior surface of the exterior wall shall receive a vapor barrier to prevent vapor transmission from the interior spaces.
9. Walls to receive the proposed siding shall be insulated and ventilated from the exterior to eliminate any interior condensation that may occur.
10. Sheathing of an adequate nature shall be applied to support the proposed siding material with the determination of adequacy to be at the discretion of the planning staff.
11. The proposed siding shall be placed in the same direction as the historic siding.
12. The new trim shall be applied so as to discourage moisture infiltration and deterioration.

13. The distance between the new trim and the new siding shall match the distance between the historic trim and the historic siding.
14. A good faith effort shall be made to sell or donate any remaining historic material for architectural salvage to an appropriate business or non-profit organization that has an interest in historic building materials. [ADC 7.210]

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## REQUIRED ATTACHMENTS

**Application contents.** Applications for the use of substitute materials must include **TEN (10)** copies of the following information (such as photographs) that clearly shows the current condition of the area intended to be altered. The types of substitute materials and proposed dimensions must be described. The application must also include the proposed methods of application of substitute materials and preservation of the original materials and architectural elements. The City may require a pest and dry rot inspection and a report assessing the structure's condition prepared by an entity whose primary business is pest and dry rot inspection or repair.

- A. **Photographs.** Please submit photos that clearly show the current condition of the area intended to be altered by the application of substitute materials.
- B. **Pest and dry rot inspection report.** If required.
- C. **Parcel map.** Use a County Assessor's map to show the area proposed for the application of substitute materials and property owners within 100 feet of the site.
- D. **Surrounding property ownership.** Provide names and addresses of all property owners within 100 feet of the property as reflected by the latest County Assessor's records. Names must be typed on the attached mailing label format sheet.

**Note:** Please submit **TEN (10)** sets of originals for any color document or photo submissions. Digital photographs are acceptable.

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## APPLICANT INFORMATION

**Property Owner(s).** Please print or type the names of all property owners and authorized agents. Use additional sheets, if necessary. At least one of the authorized agents must sign the application.

Name (print or type) \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

Daytime Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email (optional) \_\_\_\_\_

Name (print or type) \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

Daytime Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email (optional) \_\_\_\_\_

**Authorized Agent(s) or Representative(s). Authorized agents must submit evidence of their authority to act on the property owner's behalf.**

Name (print or type) \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

\_\_\_\_\_

Daytime Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email (optional) \_\_\_\_\_

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### APPLICATION AUTHORIZING SIGNATURES

***I hereby apply for a Historic Review of Substitute Materials as requested on this form and certify that the list of attachments is correct, and that the names and addresses of the surrounding property owners are correct as reflected by the latest records in the Linn or Benton County Assessor's Office.***

\_\_\_\_\_  
Applicant's Signature  
(check one) Owner \_\_\_\_\_ Agent \_\_\_\_\_ Option Holder \_\_\_\_\_ Date  
Contract Buyer \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature  
(check one) Owner \_\_\_\_\_ Agent \_\_\_\_\_ Option Holder \_\_\_\_\_ Date  
Contract Buyer \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature  
(check one) Owner \_\_\_\_\_ Agent \_\_\_\_\_ Option Holder \_\_\_\_\_ Date  
Contract Buyer \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature  
(check one) Owner \_\_\_\_\_ Agent \_\_\_\_\_ Option Holder \_\_\_\_\_ Date  
Contract Buyer \_\_\_\_\_

