

HISTORIC RESOURCES COMMISSION

CITY OF ALBANY OFFICE OF PLANNING & NEIGHBORHOOD DEVELOPMENT

21 Lodge Street

(518) 434-2532

Paint Application Review Form

Address of Property: _____

Property Owner: _____

Owner's Address: _____

Owner's Telephone: _____

Paint Brand _____

Color Name and/or Number

Body: _____

Trim: _____

Sash: _____

Door: _____

Other: _____

Please Attach Paint Chips Below

Reviewed By: _____

Date: _____