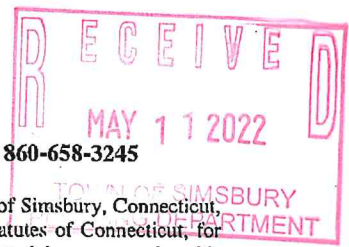


APPLICATION FOR A CERTIFICATE OF APPROPRIATENESS

APPLICATION NUMBER: 22-04



HISTORIC DISTRICT COMMISSION - TOWN OF SIMSBURY
933 HOPMEADOW STREET SIMSBURY, CONNECTICUT 06070 - Telephone 860-658-3252 or 860-658-3245

Application is hereby made for the issuance of a Certificate of Appropriateness under the Historic District Ordinance of Simsbury, Connecticut, enacted pursuant to the enabling authority contained in Chapter 97, Section 7-147d, as amended, of the General Statutes of Connecticut, for proposed work as described below (and, where applicable, as shown on plans, drawings, or other supplementary material accompanying this application):

HOME OWNER INFORMATION (required) PLEASE PRINT:

Owner of Record: Ronald and Stacey Mairano

Address of Proposed Work: 40 East Wealogue Street Simsbury CT 06070

Owner's Telephone Number: 860-614-2604 Email Address: rmairano@comcast.net

Owner's Mailing Address (if different from proposed work location): 15 Ruthies Lane West Simsbury Ct 06082

Architect's Name (when applicable):

APPLICANT INFORMATION (if not owner) PLEASE PRINT:

Applicant's Name:

Applicant's Address:

Applicant's Telephone Number: Email Address:

PLEASE CHECK LINE WHERE PROPOSED WORK IS IN CONNECTION WITH:

Dwelling [checked] Accessory Building Other [checked]
If other, please describe: Privacy Fence & required pool fence for back yard. Right side of property visible from street. Privacy fence will be hide home generator from site.

Please briefly describe (print or type) the proposed work (you can also attach a summary). Be as specific as possible, including all pertinent design elements. Include all design data to scale. Site plans and elevations are required. Photographs will be helpful and may be required. Use attachments.
Will provide color rendering of the layout and construction materials of the privacy wall.

Estimated start date: 06/15/2022 Estimated completion date: 07/30/2022

- [checked] Site Plan [] Elevations [checked] Photographs (check off if attached)

THE SUPPORTING DOCUMENTS ARE TO BE SUBMITTED TO TOWN STAFF NO LATER THAN TWO WEEKS PRIOR TO THE HISTORIC DISTRICT COMMISSION MEETING.

RCM 5/9/22
SIGNATURE OF OWNER (signature required) Date

FOR COMMISSION USE ONLY:

Date of Hearing: Date of Determination by Commission: (VALID FOR ONE YEAR)

Application as Above Made: GRANTED: DENIED:

OR GRANTED WITH STIPULATIONS AS NOTED:

Signature of Commission Officer Date