

APPLICATION FOR A CERTIFICATE OF APPROPRIATENESS

APPLICATION NUMBER: _____

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: _____

Address of Proposed Work: _____

Owner's Telephone Number: _____ Email Address: _____

Owner's Mailing Address (if different from proposed work location): _____

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 _____ Accessory Building _____ Other _____
If other, please describe: _____

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.

Estimated start date: _____ Estimated completion date: _____

☐ Site Plan ☐ Elevations ☐ 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.

SIGNATURE OF OWNER (signature required) _____

Date

FOR COMMISSION USE ONLY:

Date of Hearing: _____ Date of Determination by Commission: _____

Application as Above Made: GRANTED: _____ DENIED: _____

(VALID FOR ONE YEAR)

OR GRANTED WITH STIPULATIONS AS NOTED: _____

Signature of Commission Officer

Date