CPA Project Application Form

[*CPC Use Only: Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Assigned CPC #2025- \_\_\_\_\_\_\_\_\_]*

If possible, use word processor to fill out form. Please answer all questions, use “N/A” if not applicable.

1. a.) Applicant Name and Organization: Last First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Organization(s) (if appropriate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b.) Regional Project: Yes\_\_? or No? \_\_ If Yes, Town/Organization:

2. Submission Date:

3. Applicant Address: St.
 City/ State: ZIP:

4. Ph. # Email:

5. CPA Purpose. Check all that apply:
Community Housing (Affordable Housing: ) Historic Preservation\*:\_ Open Space: \_\_ Recreation \_\_

*\* As per MA General Law Chapter 44B, proposed historic projects that are not on the structures listed on the state’s registry of historic places require a determination by the Groton Historic Commission that the proposed project is of historic significance.*

6. Town Committee or boards participating:

7. Project Location/Address:

8. Project Name:

9. Additional Responsible Parties (If applicable):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role (specify)** | **Name** | **Address** | **Ph. (w) (cell)** | **Email** |
| Property/Site Owner |  |  |  |  |
| Project Manager |  |  |  |  |
| Lead Architect |  |  |  |  |
| Project Contractor |  |  |  |  |
| Project Consultants |  |  |  |  |
| Other: |  |  |  |  |
| Other |  |  |  |  |

10. As appropriate, indicate if proposal requires P&S agreement \_\_ Deed\_\_
 Option agreement \_\_\_ Other-describe:

11. a.) Assessor info. (map/ block/ lot id.(s)): b.) Tax classification type:

12. Permits required: Zoning: Historic Preservation: Other :

13. Historic Commission Approval signoff (when required): Date:

14 a.) Project cost $\_\_\_\_\_\_\_\_ : Estimate \_\_ Professional quote \_\_ b.) Requested from CPC: \_\_\_\_\_\_\_\_c.) Committed from other source:$ \_\_\_\_\_\_\_\_ If applicable: annual anticipated total income: $\_\_\_\_\_\_\_\_ Annual anticipated total expense: $\_\_\_\_\_\_\_\_\_\_ Anticipated net income (loss): $\_\_\_\_\_\_\_\_ Name of Estimator name/company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. CCP Objectives - use codes from **Section 5 of Community Preservation Plan** to indicate all that apply: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Project Timelines: Proposed Start Date: Projected Complete Date:

17. Estimated Delivery Date of Completion Report to CPC:

18. Project description and explanation (attach additional sheets as needed):

19. Feasibility: \_

20. List of attachments:

21. Additional Information:

22. Management Plan:

23. Applicant Signature: Date:

Co Applicant Signature: Date:

Co Applicant Signature: Date: