



## TOWN OF GROTON

173 Main Street  
Groton, Massachusetts 01450  
Tel: (978) 448-1100  
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Office of the:  
Historic Districts Commission

### APPLICATION FOR A CERTIFICATE OF APPROPRIATENESS

(Date received: \_\_\_\_\_, for GHDC \_\_\_\_\_)

Site Address \_\_\_\_\_ Map \_\_\_\_\_ Parcel \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Description of Proposed Work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### ***Supporting Materials to be provided with this Application:***

Scaled drawings (site plan, floor plans & elevations) of changes, showing relation to existing structure(s): 1 set of "to scale" drawings, 3 reduced copies not to exceed 11" x 17"; Photographs of the project site; Paint color cards/chips from manufacturer; Material color samples (e.g. roof shingles, etc.); Manufacturer's brochures and/or samples for materials (e.g. windows, doors, light fixtures, etc.).

**\*\*Product samples to fit in a standard business envelope\*\***

**To complete this application**, include all of the supporting information noted above (as applicable). You must provide enough material so that the Commission will be able to see, in detail, how the changes you intend to make will appear when finished. Incomplete applications will not be reviewed. If you are in doubt as to whether your application is complete, please contact the Commission Chairman before you make a submission. Place the completed application and supporting materials in the GHDC's mailbox in Town Hall **NO LATER THAN ONE WEEK PRIOR TO THE MEETING** (meetings are generally held the 3<sup>rd</sup> Tuesday of every month at 7:30 PM in Town Hall - **verify meeting date, time & location with the Town Clerk's office at 978-448-1100**).

***The rules and regulations of the GHDC are available at the Town Clerk's office in Town Hall.***

DATE REVIEWED: \_\_\_\_\_ WITHDRAWN/NOT-APPLICABLE \_\_\_\_\_ / DENIED \_\_\_\_\_

APPROVED \_\_\_\_\_ / 10 DAY WAIVER \_\_\_\_\_ / SET PUBLIC HEARING \_\_\_\_\_ / CONTINUED \_\_\_\_\_ /

**CERTIFICATE ISSUED # \_\_\_\_\_ / DATE: \_\_\_\_\_**