

**TOWN OF WEST HARTFORD
WEST HARTFORD HISTORIC DISTRICT COMMISSION**

**APPLICATION FOR CERTIFICATE OF APPROPRIATENESS/
DETERMINATION THAT NO CERTIFICATE IS REQUIRED**

NOTICE: Applications must be received in time to be placed on the agenda and for notice to be published. Please consult with the Town Clerk regarding upcoming meeting deadlines if you have particular time constraints.

Date _____

FILE IN TRIPLICATE

Application is hereby made regarding the proposed work described below for:

____ The issuance of a Certificate of Appropriateness; or for ____ A determination that no such certificate is required

Address of Proposed Work: _____

Owner's Name: _____

Home/Business/Cell Phone No. (indicate which) _____

Agent or Contractor's Name and Phone No. _____

Architect's Name and Phone No. _____

Proposed Work is

____ Change ____ Addition ____ Demolition ____ Moving ____ New Construction

Work is to be done on:

____ Residential Building ____ Accessory Building ____ Other (including land)

Date Work will start: _____

Date work will finish: _____

Description of proposed work (be specific; include materials, photographs of existing conditions, and scaled sketch of proposed work. Attach additional sheets if necessary).

Signature of Applicant _____

OFFICIAL ACTION

Date Appl. Filed _____

Date Rec'd by Commission _____

Building Permit Required ____ Yes ____ No

Date of Public Hearing _____

____ Application APPROVED as Submitted/as Modified

____ Application APPROVED WITH CONDITIONS (described below)

____ Application DENIED

Date _____

Signed _____

(Commission Title)