

Suffield Historic District Commission

83 Mountain Rd, Suffield, CT 06078
www.suffieldct.gov



Application for Certificate of Appropriateness

Date: _____

\$50 Fee Paid: _____

Application is hereby made for issuance of a Certificate of Appropriateness under "An Ordinance Creating a Historic District, et al." Adopted May 27, 1963, and authorized pursuant to Public Act #430 of the Connecticut General Statutes as Amended by Public Act #600 of the 1963 Connecticut General Statutes.

Address of Proposed Work: _____

Property Owner's Name: _____

Owners Address (if different): _____

Applicant's Phone # and Email Address: _____

Contractor Name and Address: _____

Proposed work is in connection with:

Residential Dwelling: _____ Accessory Building: _____ Commercial Building: _____

Sign: _____ Other (specify): _____

Describe the nature of the proposed work. Please be as specific as possible, including all pertinent design elements, site plans, scale drawings and/ or photographs. _____

Signature of Applicant

Does the proposed work meet zoning requirements? ____ Yes ____ No

Date

Signature of Zoning Officer

For Historic District Commission Use Only
(Not to be filled out by applicant)

Application #: _____

Date Received: _____

Notice of Public Hearing Published: _____

Date of Hearing: _____

Action Taken: Approved as Submitted: ____ Approved as Modified: ____ Application Rejected: ____

REASON FOR ACTION: _____

Date: _____

7/2025

Commission Chairman