

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

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Date _____

FILE IN TRIPLICATE

Application is hereby made for the issuance of a Certificate Of Appropriateness for the proposed work described below:

Address of Proposed Work _____

Owner's Name _____

Home/Business Phone No.(Indicate which)_____

Agent or Contractor, and Phone No. _____

Architect, 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 _____

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OFFICIAL ACTION

Date Appl. filed _____ Date Rec'd by Commission _____

Building Permit Required: Yes No

Date of Public Hearing _____

Application APPROVED as Submitted

Application APPROVED as Modified

Application APPROVED WITH CONDITIONS (described below)

Application DENIED

Date _____ Signed _____

(Commission Title)