



TOWN OF DURHAM
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BEFORE FILLING OUT THIS APPLICATION, PLEASE CONSULT ARTICLE VI OF THE DURHAM ZONING ORDINANCE.

APPLICATION FOR CERTIFICATE OF APPROVAL

HISTORIC DISTRICT COMMISSION
 DURHAM, NEW HAMPSHIRE

Owner of Land: Name: _____
 Address: _____

Location of Land: Address: _____
 Tax Map/Lot #: _____
 Site Plan Attached? _____ Yes _____ No

Abutters:

Map/Lot#	Address	Owner Name & Address

(Use separate page for additional names/addresses of abutters)

Provide a detailed description of your proposed plan(s) to construct, alter, repair, move in/out, or demolish including building dimensions, set-backs, number of stories, door and window openings in the façade, architectural details, roof slope, construction materials, surface finish, fencing, signage, and landscaping. Drawings, plans, elevations and photos will assist the Commission in rendering their decision.

Summary of proposed change(s)---check those that apply:

- 1. Restore appearance to that of time when historic event occurred.
- 2. Restore appearance to that of time when constructed.
- 3. Restore appearance to period later than original construction.
- 4. Restore appearance to that typical of period or architectural style.
- 5. New construction.
- 6. Moving of existing building to new site.
- 7. Addition of or change in signage
- 8. Demolition of existing building.
- 9. Other _____

The HDC reserves the right to require additional specifications if they feel them necessary to make an informed judgment.

FOR OFFICE USE ONLY

Date Received: _____ By: _____
Date to HDC: _____ Date of HDC Meeting: _____
Date of HDC Decision: _____ Approval _____ Denial _____
