



PLANNING DEPARTMENT

Town of Durham

15 Newmarket Road

Durham, NH 03824-2898

Phone (603) 868-8064 Fax (603) 868-8033

www.ci.durham.nh.us

HISTORIC DISTRICT COMMISSION

Application for Certificate of Approval

Town of Durham, New Hampshire

Date: 6-27-2014

Property information

Property address/location: 15 Newmarket Road Durham, NH

Tax map and lot #: ____ 05/ 4/ 10 ____; Date of building, if known: 1900 ____

Name of project (if applicable): Proposed Pharmacy

Property owner

Name (include name of individual): ____ Town of Durham ____

Mailing address: ____ 15 Newmarket Road Durham, NH ____

Telephone #: ____ 603-868-8064 Email address: ____ NA ____

Applicant (if different from property owner)

Name (include name of individual): ____ Scott Mitchell ____

Mailing address: 321D Lafayette Road Hampton, NH ____

Telephone #: ____ 603-475-3777 ____ Email address: ____ scott@tropicstardevelopment.com ____

Architect/Designer (if applicable)

Name (include name of individual): Bruce Hamilton Architects

Professional Designation: ____

Mailing address: 833 Turnpike, Road, New Ipswich, NH 03071

Telephone #: 603-878-4823 Email address: ____

Contractor (if applicable)

Name (include name of individual): Coastal Construction Corporation

Mailing address: 22 Depot Street Po Box 1644 Duxbury, MA 02331

Telephone #: 781-934-5767 Email address: pdobyns@CoastalConstruct.com

(over)

Proposed activity (check all that apply)

New building/structure: X Addition onto existing building/structure: _____

Alterations to existing building: _____ Demolition: X Signage: X

Site development (other structures, parking, utilities, etc.): X Change of use: X

Describe project? Our intentions are to work with the Town of Durham to construct a new building to allow for an existing business to grow. *This will be for a proposed pharmacy with Drive Thru.*

Proposed starting date: unknown

Submission of application

This application must be signed by the property owner, the applicant/developer (if different from property owner), and/or the agent.

I hereby submit this application to the Town of Durham Historic District Commission pursuant to the Town of Durham Historic District Ordinance and attest that to the best of my knowledge all of the information on this application form and in the accompanying application materials and documentation is true and accurate. As applicant/developer (if different from property owner) or as agent, I attest that I am duly authorized to act in this capacity and submit this application.

Name: Scott Mitchell

Signature: [Signature] Date: 6/30/2014

Circle all that apply: property owner - developer - architect/designer - contractor - agent

** Please note that the applicant or a representative must attend the HDC meeting to present the application and answer any questions. If nobody attends the meeting then the HDC may not take any action on the application.*