

Town of Jaffrey
HISTORIC DISTRICT COMMISSION

Application No:

Date accepted:

Fees paid:

APPLICATION

DIRECTIONS Submit completed Application to the Secretary of the Commission. A processing fee of \$5 plus the cost of certified mail per each abutter including the applicant must accompany the Application in order for it to be accepted. If you are uncertain as to the number of abutters, contact the Secretary (list abutters on the reverse of this Application). Make checks payable to the Jaffrey Historic District Commission. All required plans, drawings, exhibits, photographs, samples, etc., must accompany the Application in order for it to be accepted. Applications must be received and accepted at least 14 days before a meeting in order to be heard at that meeting. For other details including the Commission's guidelines, consult the Handbook for Residents, a copy of which may be obtained from the Secretary.

I/we, _____, do hereby state that I/we intend to perform the following to our property located within the bounds of the Historic District:

1. The proposed work may be described as a . . .

- | | | |
|---|--|--|
| <input type="checkbox"/> Physical change (e.g. paint color); | <input type="checkbox"/> Repair; | <input type="checkbox"/> Alteration; |
| <input type="checkbox"/> Addition (increase in square footage); | <input type="checkbox"/> New construction; | <input type="checkbox"/> Reconstruction; |
| <input type="checkbox"/> Conversion; | <input type="checkbox"/> Demolition; | |
| <input type="checkbox"/> Other: _____ | | |

2. Expected starting date: _____ Completion date: _____

3. I/we propose to change the use of all or a portion of our property
from: _____ to: _____

4. To the best of your knowledge does the proposed work or change conform to relevant local and state laws, regulations and ordinances? If not, please explain:

5. Does the proposed work or change require approval from other Town boards or departments? If yes, which ones:

6. I/we understand that the Commission has forty-five (45) days from the acceptance of this Application by the Secretary of the Commission in which to act upon my/our proposed change(s).

Signature(s):

Date: _____

Address:

Telephone: