



CHELMSFORD HISTORIC DISTRICT COMMISSION

APPLICATION OF APPROPRIATNESS

PROJECT LOCATION: Street Address: _____

APPLICANT: Developer Property Owner Business Owner Tenant/Lessee Buyer Other

Name: _____

Address: _____

Phone: _____ Email Address: _____

OWNER: Name: _____

Address: _____

Phone: _____ Email Address: _____

If the applicant is different than the owner, a letter of authorization from the owner must accompany this form.

PROJECT CONTACT: Name: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

DESCRIPTION OF PROJECT New Construction Restoration/Renovation *Demolition
 Permanent Sign Temporary Sign

*Demolition must be accompanied by a Certificate of Hardship. See section 7 – Review Standards of The Chelmsford Historic District Commission.

Photos, drawings and sample of product must accompany application.

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

Signature by applicant / owner acknowledges receipt and acceptance of the Historic District Commissions Regulations and Procedures.

For Department Use Only:

Date Complete Filing Received: _____ Reviewed By: _____

Date Hearing Scheduled: _____ HDC Action by: _____

Date Building Inspector Notified: _____ Town Clerk notified: _____

Chelmsford Historic District Commission 50 Billerica Road Chelmsford Massachusetts 01824