Historic District Commission

Weston, Connecticut

Application for Certificate of Appropriateness		
Date:		Application #:
Name of I	District:	
Name of P	Property Owner:	
Phone: _		Email:
Address of	f property where work is to be done:	
Name of P	Proposed Contractor (if known):	
Address of	f Proposed Contractor (if known):	
Descriptio stone etc.	on of proposed work to be done (should inclu	ide description of materials to be used, eg. wood shingles, bring,
Proposed o	date of commencement:	
Proposed of	date of completion:	
Please no	ote - All of the following should be included Photo of property Scaled drawing of proposed work Plot plan of property indicating location of Other helpful information, including info	••
Signatura	of Applicant:	

To facilitate this application, the Historic District Commission suggests you meet with them <u>prior</u> to the public hearing. If you have any question, please contact Chris Kimberly, Historic District Commission Chair at <u>wkimberly@westonct.gov</u> or the Town Clerk at 203-222-2616. Application can be emailed to <u>wkimberly@westonct.gov</u>

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Action taken of		
	(date)	
This Certifica	ate of Appropriateness is:	
	Granted, subject to the following stipulations which are acknowledged and agreed to by the applicate by virtu of his/her signature hereto:	
1.	This certificate is valid for months from the date hereon. All work described of page one must be commenced and completed within that period. If the work is not completed, the town through its duly authorized agent, may order the removal of the work which was commenced or take su other action as is necessary to restore the structure to its appearance as of the date hereon.	
	Extensions may be granted at the discretion of the Commission.	
2. Addi	itional Stipulations:	
	Applicant Signature	
□ №	Γ Granted	
Chairperson		