



CITY OF SOMERVILLE

HISTORIC PRESERVATION COMMISSION

APPLICATION for CERTIFICATE for
HISTORIC DISTRICT PROPERTY

FOR OFFICE USE ONLY

Application number: *HPC 11.102*

Received: *9/29/11* by: *KPC*

App. Accepted:

Hearing date:

App. Returned:

TYPE OF CERTIFICATE REQUESTED:	APPROPRIATENESS:	NON-APPLICABILITY:	HARDSHIP:
PROPERTY LOCATION: <i>46 Bow STREET SOMERVILLE MA</i>			WARD:
OWNER: <i>ISABEL PALHINHA & EDUARDA PALHINHA</i>			TEL (DAY)
OWNER'S ADDRESS: <i>46 Bow STREET SOMERVILLE MA</i>			TEL (EVE)
			E-MAIL:
APPLICANT (IF NOT OWNER):			
APPLICANT'S ADDRESS:			TEL (DAY)
			E-MAIL:
IS APPLICANT:	OWNER: <input checked="" type="checkbox"/>	CONTRACTOR:	ARCHITECT:
			OTHER:

ZONING: A proposed increase in square footage, height, or enclosed space, including garages, or a change in use or occupancy may require a ZONING VARIANCE. If a ZONING VARIANCE is required, the Historic Preservation Commission will hold hearings in a parallel process to hearings before the Zoning Board of Appeals. Certification is hereby made that a hearing by the Zoning Board of Appeals is scheduled for, or was held on (INSERT DATE HERE):

Applicant's Signature:

WORK INCLUDES: check all that apply

Addition:	New Windows:	New Siding:	Repair Porch:	Roofing:
Demolition:	Repair windows:	Repair Siding: <input checked="" type="checkbox"/>	New Skylights:	Chimney:
Fence:	Landscaping:	Sign:	Foundation:	Other: <input checked="" type="checkbox"/>

BRIEF DESCRIPTION OF WORK

Paint the house (same color scheme) - remove peeling, old paint; fix/replace any damaged siding and trim, as needed.

Install railings in front steps for safety.

OHCD RECEIVED STAMP:

DOCUMENTATION ATTACHED: Complete Documentation of your application is required. The Applicant must supply scale drawings, photographs of existing conditions, and other supporting information.

APPLICATIONS WITH INSUFFICIENT DOCUMENTATION WILL NOT BE REVIEWED

Photographs:	Materials samples:	Manufacturer's literature:	Drawings:	Site or Plot Plan:
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Other:

2011 SEP 29 PM 2:13

RECEIVED
S.P.C.D. AND
PLANNING DEPT.

SIGNATURES:	
OWNER: <i>[Signature]</i>	DATE: <i>9/29/2011</i>
APPLICANT:	DATE:

If Owner is a Condominium or Cooperative Association, an authorized Trustee must sign