



CITY OF SOMERVILLE

# HISTORIC PRESERVATION COMMISSION

APPLICATION for CERTIFICATE for  
HISTORIC DISTRICT PROPERTY

## FOR OFFICE USE ONLY

Application number:

Received: by:

App. Accepted:

Hearing date:

App. Returned:

TYPE OF CERTIFICATE REQUESTED:	APPROPRIATENESS: <input checked="" type="checkbox"/>	NON-APPLICABILITY:	HARDSHIP:
PROPERTY LOCATION: 170 Summer St	E-MAIL: skintigh@gmail.com		
OWNER: Seth Kintigh	TEL (DAY): 210 884 9335		
OWNER'S ADDRESS: 170 Summer St	TEL (EVE):		
	FAX:		
APPLICANT (IF NOT OWNER):	E-MAIL:		
APPLICANT'S ADDRESS:	TEL (DAY):		
	FAX:		
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 not hold a hearing prior to a hearing 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: <input checked="" type="checkbox"/>
Demolition:	Repair windows:	Repair Siding:	New Skylights:	Chimney:
Fence:	Landscaping:	Sign:	Foundation:	Other:

### BRIEF DESCRIPTION OF WORK

Replace roof shingles with scalloped asphalt shingles  
rectangular

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:
Other:				

### SIGNATURES:

OWNER:	DATE: 1/28/13
APPLICANT:	DATE:

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