

HISTORIC PRESERVATION COMMISSION

APPLICATION for CERITIFICATE for HISTORIC DISTRICT PROPERTY

| FOR OFFICE USE ONLY |
|---|
| Application number: 11, 8,2 |
| Received: 8124/11 by: KPC |
| App. Accepted: |
| Hearing date: \mathcal{N} \mathcal{A} |
| App. Returned: |

| | | | | | £ | | | |
|--|--|----------------|------------------|-----------|------------------|----------|---------------------|--|
| TYPE OF CERTICATE RI | EQUESTED: APP | ROPRIATENESS: | NC | N-APPLIC | ABILITY: X | HARDSI | HIP: | |
| PROPERTY LOCATION: 45 VINAL AVENUE | | | | | | | | |
| OWNER: GLYNNIS DOUCETTE | | | | | | | TEL | |
| OWNER'S ADDRESS: 117 WITTENBERG ROAD | | | | | | | | |
| BEARSVILLE NY 12409 | | | | | | | | |
| | | | | | | | E-N . | |
| APPLICANT (IF NOT OWNER): | | | | | | | | |
| APPLICANT'S ADDRESS: | | | | | | | TEL | |
| | | | | | | E-N | | |
| IS APPLICANT: | OWNER: | CONT | NTRACTOR: ARCH | | HITECT: OTHER | | | |
| 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: | | | | | | | | |
| | NCLUDES: check all that apply New Windows: New Siding: | | | | Repair Porch: | | Roofing: X | |
| Addition: Demolition: | Repair window | | Repair Siding: 🖒 | | New Skylights: | | Chimney: | |
| Fence: | Landscaping: | | Sign: | | Foundation: | | Other: | |
| BRIEF DESCRIPTION OF WORK Replace Existing Damaced metal Roofing on 4 Dormers with similar material. Repair ice Damaced Gutters, sions and Trim with same. | | | | | | | | |
| | | | | | | | HCD RECEIVED STAMP: | |
| DOCUMENTATION Applicant must sup information. APPLICATIONS WI | ply scale draw | ings, photog | raphs of exis | ting cor | nditions, and o | ther sup | porting | |
| | erials samples: | Manufacturer's | | Orawings: | Site or Plot Pla | | | |
| Other: SIGNATURES: | | | | | | | S.P.C.D. AI | |
| | | | | | | | F 27 - 27 () | |

DATE:

DATE:

APPLICANT:

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

OWNER: