

HISTORIC PRESERVATION COMMISSION

APPLICATION for CERITIFICATE for HISTORIC DISTRICT PROPERTY

FOR OFFICE USE ONLY
Application number: 12.094
Received: $8/23/12$ by: 148
App. Accepted:
Hearing date: $9/19/12$
App. Returned:

TYPE OF CERTICATE REQUESTED:	APPROPRIATENESS:	NON-APPL	NON-APPLICABILITY:		HARDSHIP:		
PROPERTY LOCATION: 1/7 WASHINGTON STREET					WARD:		
OWNER: CLAUDE AUGUSTIN					TEL (DAY):		
OWNER'S ADDRESS: 437 NORTH MAIN 5T #					TEL (EVE):		
BROCKTON, MA 02301					E-MAIL:		
APPLICANT (IF NOT OWNER):							
APPLICANT'S ADDRESS:					TEL (DAY):		
					E-MAIL:		
IS APPLICANT: OWNER:	CONTRA	ACTOR: AF	CHITECT:	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							
	ew Windows: New Siding:		Repair Porch:		Roofing:		
Demolition: Repair v	vindows: Rep	oair Siding:	New Skylights:		Chimney:		
Fence: Landsca		n:	Foundation:		Other:		
to daphooard naing for the whole house							
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:					w	SOU	
SIGNATURES: OWNER: APPLICANT: If Owner is a Condominium or Cooperative Association, an authorized Trustee must sign							