



**Town of Gloucester, RI
Historic District Commission
Certificate of Appropriateness Application**

This application form must be submitted for all projects with each stage of review.

APPLICANT INFORMATION

Applicant Name: _____
Primary Contact (if applicant is an organization): _____
Applicant Address: _____
Applicant Phone: _____ Applicant E-mail: _____

OWNER INFORMATION (Owner Authorization form must be completed for each owner)

Owner Name (s): _____

PROJECT INFORMATION

Physical Address/Location of the Project: _____
Assessor's Plat and Lot (s) of Project: _____
Zoning District: _____ Year Built: _____

Is this project a contributing structure to the Chepachet Village Historic District? Yes No

TYPE OF PROJECT (select all that apply)

Please see Gloucester Standards and Guidelines for Historic Properties for documentation required for each type of project.

- Repair, Restoration, In-Kind Replacement
- Mechanical Systems, Communications Equipment & Solar Energy Systems
- Site Improvements
- Major Alterations
- Barrier-Free Access

- Fire Escapes
- New Construction & Additions
- Moving of Historic Structures
- Demolition
- Economic Hardship
- Emergency Repairs
- Other: _____

CURRENT STAGE OF REVIEW

- Pre-Application
- Conceptual Review
- Final Review
- Change to an Existing Certificate of Appropriateness
- Other: _____

DESCRIPTION OF PROPOSED WORK

Does the application require relief from the Zoning Ordinance? Yes No

If yes, a statement describing the relief necessary must be included in the application materials.

ACKNOWLEDGMENTS

By signing this application form, I acknowledge and understand that:

- I am responsible for the payment of all fees owed, including filing fees, stenography costs, public hearing advertisements and recording fees.
- No exterior work other than those specifically exempted as part of the Standards and Guidelines for Historic Properties is permitted on site while the project is pending review unless expressly authorized in writing by the Administrative Officer.

The applicant hereby certifies that all of the materials required by the applicable checklist(s) have been submitted.

Applicant Signature

Date

Printed Name

For Gloucester Planning Office use only

Date Received: _____ Application Number: _____