

HISTORIC DISTRICT COMMISSION
TOWN OF GILMANTON
P.O. BOX 550
GILMANTON, NH 03237
(603) 267-6700 (phone)
(603) 267-6701 (fax)

OFFICE USE ONLY
DATE: _____
FEE : _____
CASH/CHECK # _____
CASE # _____
SIX MO. _____

APPLICATION FOR CERTIFICATE OF APPROVAL

Please refer to the Gilmanton Historic District Commission's **Regulations** and **Procedures** before filing this application. **This application must be completed accurately and in its entirety in order for it to be processed and a check for the appropriate application fee must be submitted, made payable to the Town of Gilmanton.**

PLEASE PRINT CLEARLY

NAME OF APPLICANT: _____

NAME OF PROPERTY OWNERS (if different from above): _____

LOCATION OF PROPERTY (give street address or street name & landmark reference):

TAX MAP/LOT # : _____ CONTACT PHONE NUMBER: _____

MAILING ADDRESS (if different from location address):

In the space below, please describe the project(s) for which you are requesting Commission approval. Attach another sheet if necessary. **Please note** that completed plans and drawings or sketches must be submitted at least 10 days in advance of the scheduled meeting. FOR DETAILS ON REQUIRED SUBMITTALS PLEASE SEE *HISTORIC DISTRICT COMMISSION PROCEDURES*.

I understand that I must appear in person or be represented by my agent at the public hearing. The agent who represents me at this hearing must be familiar with the case and I agree to be bound by his or her testimony.

I have read the Gilmanton Historic District regulations & procedures prior to completing and signing this application. I understand that the application could be tabled for lack of information. I AGREE TO A PROPERTY VISITATION BY COMMISSION MEMBERS IF THEY DEEM IT NECESSARY.

Property Owner Signature _____

Date _____

To be accepted this application must include a copy of the map showing the applicant's property and ALL abutting lots with town map/lot numbers. The map can be obtained at the town office. Also the names and complete mailing addresses of all owners of abutting properties must be supplied with this application, which can be obtained from the lists in the hall area at the town office. Attach an additional sheet of paper if necessary.

MAP/LOT #	PROPERTY OWNER NAMES	MAILING ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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