

TOWN OF CANTON  
COLLINSVILLE HISTORIC DISTRICT COMMISSION

Application for  
*CERTIFICATE OF APPROPRIATENESS*

Application No. \_\_\_\_\_ Date \_\_\_\_\_

Application is hereby made for the issuance of a CERTIFICATE OF APPROPRIATENESS for the proposed work described below:

Address of Proposed Work \_\_\_\_\_

Owner's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Agent or Contractor \_\_\_\_\_

Address \_\_\_\_\_

Proposed work is:

Change       Addition       Demolition       Moving       New Construction

Work is to be done on:

Residential Building       Commercial Building       Industrial Building

Accessory Building       Structure other than a Building

EXPLANATION OF WORK (Attach drawings/photographs where applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I state that, to the best of my knowledge, the proposed work is accurately described.

\_\_\_\_\_ Signature of Owner

Referred to Historic district Commission for Public Hearing on (date) \_\_\_\_\_

Notice of Public Hearing published on \_\_\_\_\_ in \_\_\_\_\_

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COMMISSION ACTION

- Application APPROVED as submitted
- Application APPROVED as modified
- Application APPROVED as stipulated below
- Application DENIED
- Application TABLED

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Clerk, Historic District Commission

Date \_\_\_\_\_