



Town of Canton
Canton Center Historic District Commission
Application for a Certificate of Appropriateness

Applicant's Name _____
Address _____
Property Owner's Name _____
Address _____
Location of Property _____

Application no.	_____
Dates:	
1. application rec'd	_____
2. public hearing	_____
3. certificate	
granted	_____
denied	_____

Description of the Proposed Work:

I. Check appropriate boxes (perhaps more than one)

<input type="checkbox"/> New Construction	<input type="checkbox"/> Repair	<input type="checkbox"/> Garage
<input type="checkbox"/> Addition	<input type="checkbox"/> Dwelling	<input type="checkbox"/> Parking
<input type="checkbox"/> Demolition	<input type="checkbox"/> Accessory Bldg.	<input type="checkbox"/> Other
<input type="checkbox"/> Alteration	<input type="checkbox"/> Commercial Bldg.	_____

II. Written description of the proposed work and/or how the exterior architectural features will be changed.

III. List of exhibits included (photographs, drawings, site plan, elevations, sketches of style of material, etc.)

Date: _____

Signature of Applicant: _____

Commission Action:

Application approved as submitted Application Denied

Application tabled – date _____

Application approved with stipulations:

Date: _____ Signature: _____