

# *Historic District Commission*

Weston, Connecticut

## Application for Certificate of Appropriateness

Date: \_\_\_\_\_ Application #: \_\_\_\_\_

Name of District: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address of property where work is to be done: \_\_\_\_\_

Name of Proposed Contractor (if known): \_\_\_\_\_

Address of Proposed Contractor (if known): \_\_\_\_\_

Description of proposed work to be done (should include description of materials to be used, eg. wood shingles, bring, stone etc.

Proposed date of commencement: \_\_\_\_\_

Proposed date of completion: \_\_\_\_\_

Please note - All of the following should be included with this application:

- Photo of property
- Scaled drawing of proposed work
- Plot plan of property indicating location of proposed work
- Other helpful information, including information regarding historical significance of existing structures

Signature of Applicant: \_\_\_\_\_

**To facilitate this application, the Historic District Commission suggests you meet with them prior to the public hearing. If you have any question, please call Paul Deysenroth, Chairman of the Historic District Commission at 203-227-7685, or the town Clerk at 203-222-2616. Application can be emailed to [pdeysenroth@westonct.gov](mailto:pdeysenroth@westonct.gov)**

*Historic District Commission*

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Action taken on: \_\_\_\_\_  
(date)

Application #: \_\_\_\_\_

This Certificate of Appropriateness is:

**Granted, subject to the following stipulations** which are acknowledged and agreed to by the applicant by virtue of his/her signature hereto:

1. This certificate is valid for \_\_\_\_\_ months from the date hereon. All work described on page one must be commenced and completed within that period. If the work is not completed, the town, through its duly authorized agent, may order the removal of the work which was commenced or take such other action as is necessary to restore the structure to its appearance as of the date hereon.

Extensions may be granted at the discretion of the Commission.

2. Additional Stipulations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

**NOT Granted**

\_\_\_\_\_  
Chairperson