



TOWN OF GLOUCESTER
HISTORIC DISTRICT COMMISSION

For properties built after 1900.

RECOMMENDATION OF COMPATIBILITY

APPLICATION FOR REVIEW OF PROPOSED WORK

(Please print)

Application Date: _____

1. Property Owner: _____

Address: _____

Telephone No.: _____

Owner's Signature: _____

2. Applicant (if not owner): _____

Address: _____

Telephone No.: _____

Applicant's Signature: _____

3. Address of Review Project: _____

_____ Plat No.: _____ Lot No.: _____

4. DESCRIPTION OF PROPOSED WORK (Including Signs):

5. The following information must be included with the Application where applicable:

PHOTOGRAPHS:

- _____ Overall view of property from street(s)
- _____ Overall views of building
- _____ Existing details to be altered by work
- _____ Other (Identify)

DRAWINGS:

- _____ Site Plan (drawn to scale)
- _____ Floor plan(s) (to scale)
- _____ Exterior Elevations
- _____ Details

OTHER:

- _____ Rendering(s)
- _____ Catalog Cuts
- _____ Specifications
- _____ Other (Identify)

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FOR USE BY BUILDING OFFICIAL'S OFFICE ONLY

Received: _____ Signature: _____