Date Application Received	(office use only)

## Town of New Castle Historic District Commission Application for Certificate of Approval

**REQUIREMENTS:** [Note: For Projects over \$10,000, Work Sessions are strongly recommended] applicant must submit a list of abutters and materials for review <u>three weeks</u> before the hearing to the town hall.

Owner:	Applicant (if dif	ferent):		
Address:	Address:			
Phone:				
Signature of Applicant:				
Location/Address of Property:		Map:	Lot:	
Narrative of ALL work to be done to exte	erior of the property	/ (attached addition	onal pages as needed):	
	Nation of Assume	al/Danial		
	Notice of Approva Action Taken at Pub	-		
Application is:Approved		_	tionally Approved	
Explanation of Decision/Stipulations:				
Date of Approved plans(Chair to initial a	and date each page):	:		
HDC Chair Signature:		Date:		
If approved, I hereby acknowledge that require further Historic District Commiss approval.	_	_		
Owner/Applicant Signature:		Date		