



Town of Effingham  
Historic District Commission

Application for Certificate of Approval

Completed applications may be returned to the Selectmen's Office during regular business hours  
or mailed to: Town of Effingham, Attn: Historic District Commission, 68 School Street, Effingham NH 03882.

All required fees, as outlined in the attached checklist, must accompany this application. Make checks payable to: Town of Effingham.

Owner Information:

Name(s): MIKE CONTI  
Mailing Address: 21 TOWNHOUSE RD  
City: EFFINGHAM State: NH Zip Code: 03882  
Home Phone #: 978-208-9598 Work Phone #: / Cell Phone #: /  
Email Address: train.saber@aol.com

The undersigned hereby requests permission for the work proposed and described in this application and attached documents. The undersigned understands that the Historic District Commission (HDC) reserves the right to require additional information and/or specifications it feels necessary to make an informed decision and that the Certificate of Approval is void in the event of misrepresentation and/or non-compliance with Historic District rules and regulations, the zoning ordinance, site plan review, and any other applicable State and Town laws and regulations. The undersigned acknowledges that the HDC may grant variances on an "as necessary" basis only in so far as the variance relates to rules and regulations pertaining to the Historic Districts and not to the zoning ordinance as a whole, authorizes the HDC to enter the property to inspect the premises and/or review the specifics of this application, and accepts that the HDC may take up to a minimum of two (2) regularly scheduled meetings to make a decision on this application.

Signature of Owner/Applicant: [Signature] Date of Application: 5-19-21

Agent Information:

Name(s): COBALT CONSTRUCTION MANAGEMENT LLC (CHRIS GARCIA)  
Mailing Address: 20 CHAMPION HILL RD  
City: EFFINGHAM State: NH Zip Code: 03882  
Home Phone #: / Work Phone #: / Cell Phone #: 603-781-5442  
Email Address: Chris@cobaltconstruction.com

The undersigned, as owner(s), hereby designate the person listed above as their agent for the purpose of procuring the necessary Certificate of Approval for the work as described herein. The undersigned acknowledge that representations made by the agent may be accepted as though made by them personally and that they are bound by any official decision made on the basis of such representations.

Signature of Owner/Applicant: [Signature] Date of Application: 5-19-21

Property Information:

Project Location: Tax Map #: 204 Lot #: 54 Lot Size: 7.9 Lot Frontage: L District: HD  
Project Location Street Address: 21 TOWNHOUSE RD  
What is the property's existing use? Check one:  Residential [ ] Business [ ] Other (describe) \_\_\_\_\_  
Does this application include a change of use? Circle one: Yes  No  Is this property in a special flood hazard area? Circle one: Yes  No

FOR HDC USE ONLY:

Owner/Applicant Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_  
Project Location: Tax Map #: \_\_\_\_\_ Lot #: \_\_\_\_\_ District: \_\_\_\_\_  
Project Location Street Address: \_\_\_\_\_

**Proposed Work:**

The purpose of the proposed work is: (check one)

\_\_\_\_\_ to restore the appearance to that of the time of the happening of a historic event.

\_\_\_\_\_ to restore the appearance to that when constructed.

\_\_\_\_\_ to restore the appearance to that of a period later than when constructed.

\_\_\_\_\_ to restore the appearance to that typical of a period or architectural style.

\_\_\_\_\_ new construction of \_\_\_\_\_.

\_\_\_\_\_ to move an existing building to a new site.

\_\_\_\_\_ the demolition of a structure.

other (describe): FOUNDATION & EXTERIOR BUILDING & GROUNDS REPAIRS.

Provide the following:

Front Setback: EXISTING Rear Setback: EXT Left Side Setback: EXT Right Side Setback: EXT

DES Septic System Approval #(if applicable/available): EXT

(Setbacks are the distance from the proposed project to the property boundary line. Determining which setbacks are the left and right side should be determined by viewing the property from the listed street address.)

Provide a detailed description of the proposed work. This description should include, but is not limited to, any proposed construction, alterations, repairs, demolition, or changes in use. Also include, as applicable and/or appropriate, the dimensions of any structures (length, width, and height) and the number of stories; street level renderings or sketches of the facade that include doors and windows, architectural details, and roof slope; information on construction materials and surface finishes; plans for site development and landscaping; photographs of the affected areas of the property and/or building(s). It is beneficial to give as much detailed information as possible. *Attach additional sheets as necessary.*

- REPAIR ALL & ALL PARTS OF FOUNDATION THAT HAVE BEEN COMPROMISED w/ MASONRY PRODUCTS
- REPAIR EXTERIOR FEATURES ON THE HOME TO PRESERVE STRUCTURE AND BUILDING ENVELOPE
- REPAIRS TO SILL & COLUMNS AS NEEDED
- LANDSCAPING & DRAINAGE IMPROVEMENTS FOR SITE & WATER CONTROL

**FOR HDC USE ONLY:**

Owner/Applicant Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Project Location: Tax Map #: \_\_\_\_\_ Lot #: \_\_\_\_\_ District: \_\_\_\_\_

Project Location Street Address: \_\_\_\_\_

**Plat or Grid Diagram:**

As applicable and/or appropriate, on the grid below, or on a prepared plat, show the exact shape of the lot in question and the location of the road and/or driveway. Also show all present and proposed buildings and/or structures in their correct locations with the size of each (length and width), mark the setback distances noted in the Proposed Work section of this application, and mark the location of the property's well and septic system. In the event a site visit is required, clearly mark the location of any proposed buildings and/or structures on the property using stakes and/or flags.

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**FOR HDC USE ONLY:**

Owner/Applicant Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Project Location: Tax Map #: \_\_\_\_\_ Lot #: \_\_\_\_\_ District: \_\_\_\_\_

Project Location Street Address: \_\_\_\_\_



**Town of Effingham  
Historic District Commission**

**Application for Certificate of Approval – Applicant Checklist**

**This completed checklist must accompany the application.** Please read all instructions carefully. It is important that all information be submitted as required. Provide a response for all fields on the application. In the event a field and/or question is not applicable to the proposed work, indicate as such by entering "Not Applicable" or "N/A" as a response. Incomplete applications will be returned to the applicant for correction, which could cause delays in the process of reviewing your project. *The applicant is cautioned that this checklist is only a guide and is not intended to be a complete list of all requirements. It is advisable to review all applicable zoning ordinances and/or district, town, and/or state regulations for full details.*

**OWNER/APPLICANT NAME:** CHRIS GARCIA  
**PROJECT LOCATION: TAX MAP #:** 204 **LOT #:** 54 **DISTRICT:** HDC  
**PROJECT LOCATION STREET ADDRESS:** 21 TOWNHOUSE RD

1. Completed Application for Certificate of Approval, including, but not limited to:
- Owner information. —
  - Agent information. —
  - Property information —
  - Description of the proposed work, including elevation sketches or architectural drawings. —
  - Plat or grid diagram and any other supporting documentation. N/A
  - Application must be received at **least 7 days** prior to a regular scheduled monthly meeting.

2. Application fee of \$30.00
- Check made out to the Town of Effingham

UPON ACCEPTANCE OF HDC  
CG

*FOR HDC USE ONLY:*  
Owner/Applicant Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_  
Project Location: Tax Map #: \_\_\_\_\_ Lot #: \_\_\_\_\_ District: \_\_\_\_\_  
Project Location Street Address: \_\_\_\_\_