



**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): Effingham Preservation Society
Mailing Address: POB 151
City: Effingham State: NH Zip Code: 03882
Home Phone #: _____ Work Phone #: _____ Cell Phone #: you may call Karen
Email Address: EffinghamPreservationSociety@gmail.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 _____ Date of Application _____

Agent Information:

Name(s): Karen Payne
Mailing Address: 16 Drake Rd.
City: Effingham State: NH Zip Code: 03882
Home Phone #: _____ Work Phone #: _____ Cell Phone #: you may call Karen
Email Address: EffinghamPreservationSociety.org

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 _____ Date of Application _____

Property Information:

Project Location: Tax Map #: 204 Lot #: 51 Lot Size: _____ Lot Frontage: _____ District: Ctr. Effingham
Project Location Street Address: 6 Townhouse Rd.

What is the property's existing use? Check one: [] Residential [] Business [] Other (describe) 501(C)3

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: _____