



**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): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Email Address: _____

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): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Email Address: _____

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 #: _____ Lot #: _____ Lot Size: _____ Lot Frontage: _____ District: _____

Project Location Street Address: _____

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): add an historical marker to identify the building.

Provide the following: n/a

Front Setback: _____ Rear Setback: _____ Left Side Setback: _____ Right Side Setback: _____

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

(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.*

_____ There is currently poor signage on most of Effingham's historic buildings even though they are a big town _____
_____ asset. This is a missed opportunity to leverage our architectural heritage, educate townspeople and enhance _____
_____ community knowledge, promote tourist potential, and maximize contributions/revenue for historic _____
_____ renovation. _____

_____ For example : The Drake Building as viewed from Rte. 153...The traffic sees building, but learns nothing _____
_____ about it. Opportunity missed. _____

_____ Proposal: _____
_____ *Create simple Historic Building Sign for Drake Building _____
_____ *Use it as template for other Effingham historic buildings _____
_____ *Future vision - Create & promote self-guided historic building tour _____

FOR HDC USE ONLY:

Owner/Applicant Name: _____ Month/Year: _____

Project Location: Tax Map #: _____ Lot #: _____ District: _____

Project Location Street Address: _____

