



**Town of Effingham  
Historic District Commission**

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

Please read all instructions carefully. It is important that all information be submitted as required. The checklist below must be completed as part of the application. Provide a response for all fields on the checklist and 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 forms 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 and application are only a guide and are 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.*

It is required that applications be submitted digitally, via email, to [hdc@effinghamnh.net](mailto:hdc@effinghamnh.net). In the event that an applicant does not have internet access, completed paper forms 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 for scanning, with scanned documents to be emailed to the Commission.

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

OWNER/APPLICANT NAME: MICHAEL E. CONTI

PROJECT LOCATION: TAX MAP #: 000204 LOT #: 000054

HISTORIC DISTRICT (circle one): CENTER EFFINGHAM LORD'S HILL

PROJECT LOCATION STREET ADDRESS: 21 TOWN HOUSE ROAD

**Applicant Checklist**

- \_\_\_\_\_ 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.
  - 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)

**FOR HDC USE ONLY:**

Application complete:      Yes                      No  
Certificate of Approval not required: \_\_\_\_\_

# Application for Certificate of Approval

## Owner Information:

Name(s): MICHAEL E. CONTI  
Mailing Address: 21 TOWN HOUSE ROAD  
City: EFFINGHAM State: NH Zip Code: 03882  
Home Phone #: 978-208-9598 Work Phone #: \_\_\_\_\_ Cell Phone #: 978-208-9598  
Email Address: MICHAELCONTI@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.

Michael E. Conti Signature of Owner/Applicant 1/29/24 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 #: 000204 Lot #: 000054 Lot Size: 7.9 Lot Frontage: \_\_\_\_\_  
Historic District (circle one): Center Effingham Lord's Hill  
Project Location Street Address: 21 TOWN HOUSE ROAD  
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

## Application for Certificate of Approval

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**Proposed Work - Purpose:**

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): REMOVE DISINTEGRATING CHIMNEY BELOW ROOFLINE  
IN ELL BUILDING

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**Proposed Work – Setbacks & State Approvals:**

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.)*

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**Proposed Work - Detailed Description:**

This description should include, but is not limited to, any proposed construction, alterations, repairs, demolition, or changes in use. Photographs of the affected areas of the property and/or building(s) may be included. It is beneficial to give as much detailed information as possible. *Attach additional sheets as necessary.*

**Part I – Location/Siting on Tax Map or Prepared Plat:**

As applicable and/or appropriate, on a copy of the tax map for the property or on a prepared plat, 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 – Setbacks and State Approvals” section of this application, mark the location of the property’s well and septic system, and mark plans for site development and landscaping. *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. Tax maps are available on the Town of Effingham’s website at [www.effinghamnh.net](http://www.effinghamnh.net). Those applicants that do not have internet access, may obtain a copy of their tax map from the Selectmen’s Office at 68 School Street in Effingham NH during regular business hours.*

## Application for Certificate of Approval

### Part III – Narrative Description of the Project:

In the space below, please provide a narrative summary of your project as reflected in the plans and drawings provided as part of the application. Include any information which may be relevant to the project, particularly as it pertains to the Historic District Regulations, but which may not be reflected elsewhere in this application. *Attach additional sheets as necessary.*

I HAVE CONTRACTED TO HAVE THE ROOFS OVER THE BARN & ELL RESTORED. JAMES & WHITNEY CO. WILL BE DOING THE WORK, INSTALLING BLACK ARCHITECTURAL SHINGLES TO MATCH THE HOUSE.

JAMES & WHITNEY CO. HAS ALSO AGREED TO REMOVE THE CHIMNEY OVER THE ELL AS PART OF THIS PROJECT. THIS IS UNFORTUNATE BUT REQUIRED AT THIS TIME AS THE CHIMNEY IS IN SEVERE DISREPAIR DUE TO MANY YEARS OF NEGLECT & DISINTEGRATION. THE PLAN IS TO DISMANTLE THE CHIMNEY BELOW THE ROOF LINE, PRESERVING THE ORIGINAL BRICKS UNTIL SUCH TIME AS THE CHIMNEY CAN BE REBUILT IN THE FUTURE.

BASED ON HISTORIC PHOTOGRAPHS, THERE WAS ANOTHER CHIMNEY IN THE ELL WHICH WAS ALSO REMOVED AT SOME POINT IN THE PAST.

# INTRODUCTION

Hi Mike,

Thank you for the opportunity to partner with you on the restoration of your home. Please find your estimate below along with any applicable upgrade options for your project.

The following estimate is for:

1. Removal and disposal of old materials
2. Supply and install new materials
3. Your own dedicated Project Manager
4. Inspection of all work completed by Master Shingler and Production Manager
5. 5-Star Workmanship Warranty on complete projects
6. Certificate of Insurance available upon request

As well, we have mandatory safety training for our staff to ensure safe practices always. Once the job is complete, we will perform an additional full inspection on your home to ensure the project meets our strict standards and the site is spotless.

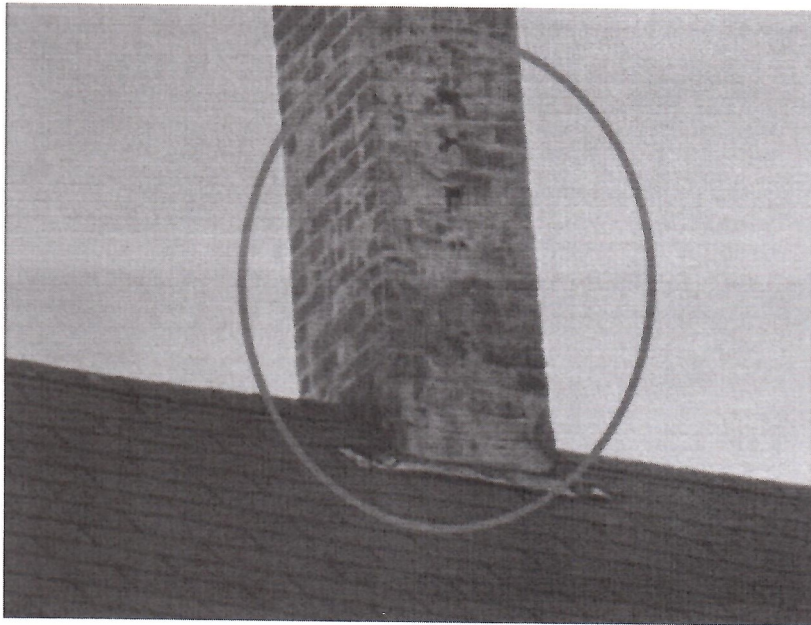
If you have any questions, please give me a call. We always want to provide the best value to our clients. If we are outside your budget, please let me know and we will do our best to work within that. Take a look at our website or Google Reviews in the link below.

James & Whitney Co. ([jameswhitneyco.com](http://jameswhitneyco.com))

[james & whitney co. roofing - Google Search](#)

Kind regards,

**Jeromy Morse | Exterior Specialist**  
**Jmorse@jameswhitneyco.com**  
**5083973837**

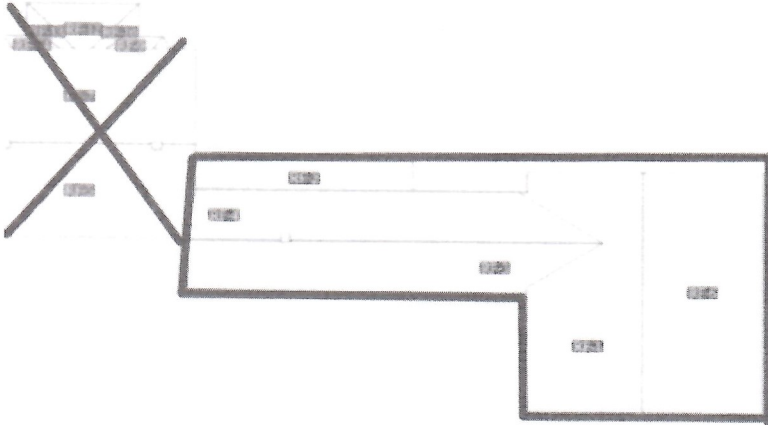


-Red Circle= Quote includes removal of 1 chimney located in the middle section of the home.  
Waiting on approval of historical committee.

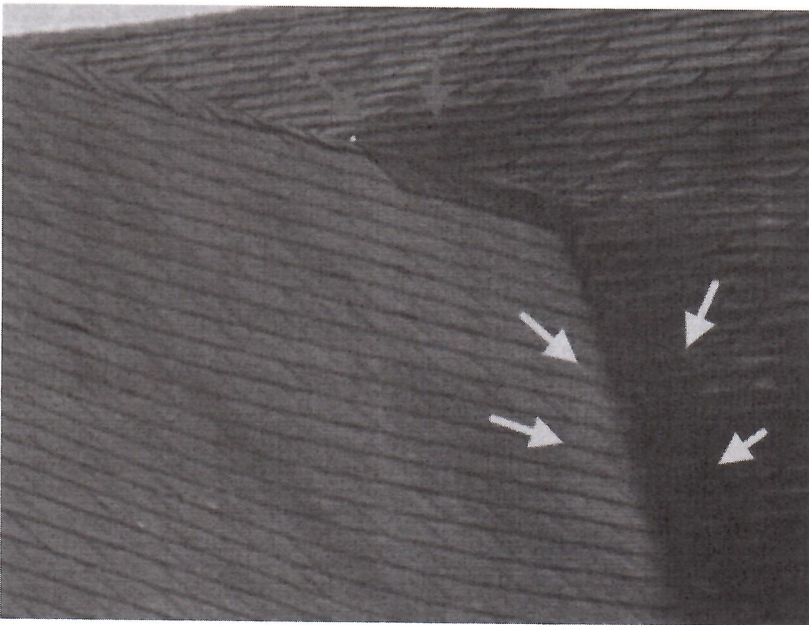


-Red Arrows= Chimney that is being removed to roof line and shingled over.

# INSPECTION



-Red Box= Quote includes removal and disposal of existing shingles and replacing with new Architectural shingles on RF1, RF2, RF3, RF4, & RF6.



-Red Arrows= Patched ridge cap. Quote includes all new ridge cap.

-Orange Arrows- Signs of poor or no flashing in valleys. Quote includes proper installation of flashing on roof.