



**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): \_\_\_\_\_.

Provide the following:

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.*

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**FOR HDC USE ONLY:**

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

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

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

