



**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: _____
PROJECT LOCATION: TAX MAP #: _____ **LOT #:** _____ **DISTRICT:** _____
PROJECT LOCATION STREET ADDRESS: _____

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