



**Town of Effingham  
Historic District Commission  
Commission Workflow and Checklist**

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**OWNER/APPLICANT NAME:** \_\_\_\_\_

**PROJECT LOCATION: TAX MAP #:** \_\_\_\_\_ **LOT #:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_

**PROJECT LOCATION STREET ADDRESS:** \_\_\_\_\_

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Date Application Received: \_\_\_\_\_

1) The Application is received by the Commission and reviewed for completeness.

Application complete?                      Yes                      No

2) If the Application is incomplete, the Chairman will return the application and application fee to the Applicant with notations regarding the incomplete portions. The Applicant will be advised to make the necessary corrections and re-submit the Application.

If No, Date Application Returned: \_\_\_\_\_

Date Application Re-submitted: \_\_\_\_\_

Re-submitted application complete?                      Yes                      No                      (If No, return to step 2)

3) If the Application is complete, the Commission will move to review of the application.

Scheduled Date of Review by Full Commission: \_\_\_\_\_

Date Applicant Notified of Scheduled Review Date: \_\_\_\_\_

4) Upon review, a determination must be made as to whether a Site Visit will be necessary. If a Site Visit is necessary, the Commission will determine what date the Site Visit will be held and the date and time for the continuation of the review of the application.

Site Visit Required?                      Yes                      No

If Yes, Date of Site Visit: \_\_\_\_\_

Date for Continuation of Review of Application: \_\_\_\_\_

5) Upon completion of the review of the Application, which may involve more than one meeting of the Commission, a decision to approve or disapprove the Application will be made.

Date Application Approved/Disapproved: \_\_\_\_\_

If Approved, the Commission must note any special conditions and/or restrictions upon which the approval is contingent. The Chairman will be responsible for sending the Certificate of Approval to the Applicant. A copy will be provided to the Zoning Enforcement Officer.

If Approved, Date Certificate of Approval Mailed: \_\_\_\_\_

If Approved, List any Restrictions: \_\_\_\_\_

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If Disapproved, the Commission must list the specific reasons for the disapproval. The Chairman will be responsible for sending the Notice of Disapproval to the Applicant. A copy will be provided to the Zoning Enforcement Officer.

If Disapproved, Date Notice of Disapproval Mailed: \_\_\_\_\_

If Disapproved, Reason(s) for Disapproval: \_\_\_\_\_

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