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Town Belmont
Historic District Commission
Homer Municipal Building, 2nd Floor
19 Moore Street
Belmont, MA 02478

OFFICE USE
Case Number: HDC – 26-01

APPLICATION

In accordance with the Historic Districts Act, MGL Ch 40C, and the Town of Belmont General Bylaws, §40-315, the undersigned applies to the Belmont Historic District Commission for a Certificate of:

[X] Appropriateness [ ] Non-Applicability [ ] Hardship

1. PRELIMINARY INFORMATION:

Address of Property: 19 Moore Street (Homer Building)
Property Owner's Name: Town of Belmont
Address: 19 Moore Street
Email: _____ Phone: _____

Agent Name: David Blazon, Director of Belmont Facilities
Address: 455 Concord Ave, Belmont, MA 02478
Email: dblazon@belmont-ma.gov Phone: (617) 993-2646

I am the : ___ Property Owner X Agent

__ Property is Owned by a Corporation, LLC, or Trust (Submit authorization to sign as owner)
__ Property is a Condominium or Cooperative Association (submit authorization to sign as trustee)

If applicable: Architect: Spencer Preservation Group (SPG) Contractor: _____

2. BRIEF DESCRIPTION OF PROPOSED WORK:

The proposed work addresses Phase 1 Urgent Repairs as identified in SPG's Existing Conditions Assessment completed in October 2023. 1. ROOF AND RAINWATER MANAGEMENT: replace damaged or missing slate shingles; clean and repair copper gutters and reinstall with corrected pitch; remove pipe rails from short snow guard rails; re-use salvaged materials and hardware. 2. WOODWORK AND TRIM: replace missing brackets and corner boards in poor condition; refasten loose trim; replace cracked sealant; repaint dormer woodwork. 3. MASONRY: replace spalling/cracked brick with salvaged units, and repoint; clean efflorescence; remove and reinstall paver, excavate and provide waterproofing at foundation wall; replace cementitious wash at chimney and brick string courses. Progress drawing set is being submitted with this application.

3. SIGNATURES:

As Owner, I make the following representations:

A. I hereby certify that I am the Owner of the Property at: _____
B. I hereby certify that if an Agent is listed on this Application, this Agent has been authorized to represent this Application before the Belmont Historic District Commission.

Owner: _____ **Date:** _____

As Applicant/Agent, I make the following representations:

1. The information supplied on and in this Application is accurate to the best of my knowledge;
2. I will make no changes to the approved plans without prior approval from the Belmont Historic District Commission.

Applicant/Agent: _____ **Date:** 1/5/2026

* Incomplete applications and Insufficient documentation will not be accepted. *

Approved March 23, 2017