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

OFFICE USE
Case Number: HDC –

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:

☒ Appropriateness ☐ Non-Applicability ☐ Hardship

1. PRELIMINARY INFORMATION:

Address of Property: 644 Pleasant St
Property Owner's Name: Town of Belmont
Address: 19 Moore St. Belmont MA 02478
Email: DBlazon@Belmont-MA.gov Phone: 617 993-2646

Agent Name: DAVID BLAZON
Address: SAME AS ABOVE
Email: _____ Phone: _____

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 Contractor: TBD

2. BRIEF DESCRIPTION OF PROPOSED WORK:

Exterior Restoration on the elevator shaft and chimney located at the School Administration Building.

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: DB/TBP **Date:** 4/8/24

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

Approved March 23, 2017