

Town Belmont Historic District Commission

Homer Municipal Building, 2nd Floor 19 Moore Street Belmont, MA 02478

OFFICE USE
Case Number: HDC –

APPLICATION

840-315 the undersigned annlies	ricts Act, MGL Ch 40C, and the Town of Belmont General Bylaws, to the Belmont Historic District Commission for a Certificate of:
	☐ Non-Applicability ☐ Hardship
1. PRELIMINARY INFORMATION:	
Address of Property:	
Property Owner's Name:	
Address:	
Email:	
Agent Name:	
	
Email:	
I am the : Property Owner	
	or Trust (Submit authorization to sign as owner) ve Association (submit authorization to sign as trustee)
If applicable: Architect:	Contractor:
2. BRIEF DESCRIPTION OF PROPOSED V	VORK:
3. <u>SIGNATURES</u> :	
3. <u>SIGNATURES</u> : As Owner, I make the following representat	tions:
3. SIGNATURES: As Owner, I make the following representation A. I hereby certify that I am the Owner B. I hereby certify that if an Agent is lis	tions: of the Property at: ted on this Application, this Agent has been authorized to represent this
3. SIGNATURES: As Owner, I make the following representation. A. I hereby certify that I am the Owner	tions: of the Property at: ted on this Application, this Agent has been authorized to represent this oric District Commission.
3. SIGNATURES: As Owner, I make the following representate A. I hereby certify that I am the Owner B. I hereby certify that if an Agent is list Application before the Belmont Hist Owner: As Applicant/Agent, I make the following re 1. The information supplied on and in the	tions: of the Property at: ted on this Application, this Agent has been authorized to represent this oric District Commission. Date:

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

Certificates of Appropriateness expire one (1) year from the date of issue

Approved August 10, 2021