



## Application for Certificate to Alter

### LUNENBURG ARCHITECTURAL PRESERVATION DISTRICT COMMISSION (APDC)

#### ACKNOWLEDGEMENT OF RESPONSIBILITY

A complete application shall include all pertinent detailed information related to the current and proposed alteration. This should include a clear concise description of the proposed change(s), with supporting information, such as pictures, drawings, elevations, plot plan, and material samples, which will help the APDC members to clearly understand the alteration details. If granted approval for alteration, you agree to adhere with all the conditions of the Lunenburg APDC.

Please submit this form to the Town Clerk and the Planning Office in accordance with Submission Requirements of the Guidelines and Regulations.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Location of Property \_\_\_\_\_

What change would you like to make? (attach additional documentation, as needed)

\_\_\_\_\_  
\_\_\_\_\_

Please submit the following with each application after referring to the Architectural Preservation District Bylaw and the Submission Requirements of the Architectural Preservation District Commission Guidelines and regulations.

<input type="checkbox"/> Fee of \$65
<input type="checkbox"/> Executed Certificate of Ownership
<input type="checkbox"/> Certified Abutter's list, map and 2 stamped envelopes per unique abutter
<input type="checkbox"/> Photographs showing current condition of property
<input type="checkbox"/> Statement evaluating the property's current state of preservation
<input type="checkbox"/> Evaluation of the property's architectural style or styles
<input type="checkbox"/> Plans and specifications that show methods of construction and materials

*Please include any additional supporting information you believe would help the APDC in its deliberation.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### FOR OFFICIAL USE ONLY

Application Received By \_\_\_\_\_

Date Received/Stamp \_\_\_\_\_

Certificate No \_\_\_\_\_

Routed to APDC Date/Initial \_\_\_\_\_ / \_\_\_\_\_

Binding Review Date/Initial: \_\_\_\_\_ / \_\_\_\_\_

Approved /Denied Date \_\_\_\_\_

By (Chair): \_\_\_\_\_