

**HISTORIC DISTRICT COMMISSION
CITY OF MILFORD
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

Address of Property _____

Map # _____ Block # _____ Parcel # _____ Lot # _____ Zone _____

Lot Size _____ Is this a corner lot? Yes _____ No _____

Owner(s) _____

Address of Owner(s) _____

PRESENT USE (of existing structure) _____

PROPOSED USE (of proposed construction) _____

PROPOSED CONSTRUCTION: New _____ Alteration _____ Addition _____ Repair _____

Size of new structure (floor area) _____ # of stories _____ Height _____

Required parking spaces (if applicable) _____

Zoning variance on property (if applicable) Yes _____ (If so, date: _____) No _____

Special Permit? _____ Site Plan Approval _____ Date _____ NA _____

CERTIFICATION: I hereby certify that I am making this application on behalf of and with full authority of the owner of the property and that I am aware of the Historic District regulations pertinent in this case and that the statements made herein are true and correct. **APPROVAL SHALL BE VALID ONLY FOR PLANS AS SUBMITTED. THE OCCUPANCY AND USE OF LAND AND BUILDINGS OR STRUCTURES PRIOR TO THE ISSUANCE OF A CERTIFICATE OF APPROPRIATENESS IS PROHIBITED.**

PLEASE ATTACH COPIES OF DRAWINGS OF PROPOSED REPAIRS AND/OR RENOVATIONS. PLEASE ATTACH 8 COPIES OF BLUE PRINTS WITH MATERIALS LIST FOR NEW CONSTRUCTION.

**FEE: \$75.00 made payable to:
Historic District Commission**

APPLICANT'S SIGNATURE

Date of Application: _____

Address

City State

Telephone Number