



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: \_\_\_\_\_  
 Property Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I am the :     \_\_\_ Property Owner                      \_\_\_ 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: \_\_\_\_\_ Contractor: \_\_\_\_\_

**2. BRIEF DESCRIPTION OF PROPOSED WORK:**

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

**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:**

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

**Applicant/Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Approved March 23, 2017