



HISTORY DISTRICT COMMISSION

TOWN OF CHARLTON, NEW YORK

APPLICATION for OPINION of APPROVAL

Historic District

Application No. _____

Building Permit No. _____

Building Permit Date _____

1. Applicant's Name _____
Address _____
Phone No. _____

2. Location of Work _____

3. Type of Work: New _____ Addition _____ Alteration _____ Demolition _____

4. Aesthetic, Architectural or Historic Criteria:

Building _____ Signs _____ Outdoor Lighting _____

Outdoor Furnishings _____ Open Space _____ Public Ways _____

5. Is occupancy now or will it be *other than* Residential, designed for and occupied exclusively by one family _____. If yes, please explain _____

6. Documents submitted:

Plans _____ Elevations _____ Specifications _____ Photos _____ Additional _____

7. Building Materials:

a. Clapboard _____ b. Stone _____ c. Brick _____ d. Board and Batten _____

e. Cobblestone _____ f. Shingles _____ g. Stucco _____ Other _____

8. Building Profile:

Pitched Roof _____ Shed Roof _____ Other _____

Signature of Applicant

Date

(for use of Historic District Commission only)

Date Application submitted _____ Site inspected _____ Reviewed _____

Inspectors: _____

Approved _____ Disapproved _____

Statement of Disapproval Attached _____

CHAIRMAN • HISTORIC DISTRICT COMMISSION

Signature

Date