

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Chesterfield Township Historic Preservation Commission

PROPERTY DATA:

Property Address: _____

Block(s): _____ Lot(s): _____

PROPERTY OWNER:

Name: _____

Address: _____

Phone Number: _____ (home) _____ (cell)

Email address: _____

Brief description of the Project Scope: _____

APPLICANT SIGNATURE: _____

CERTIFICATE OF APPROPRIATENESS
For Official Use

Historic Preservation Commission Action:

___ Approval

___ Recommend Approval to Planning Board

___ Conditional Approval

___ Recommend Conditional Approval to Planning Bd

___ Denial

___ Recommend Denial to Planning Board

Name and Signature
Historic Preservation Commission Representative

HPC Meeting Date

Planning Board Action:

___ Approved

___ Conditionally Approved

___ Denied

Name and Signature, Zoning Officer

PB Meeting Date

