

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:

- | | |
|---|--|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Recommend Approval to Planning Board |
| <input type="checkbox"/> Conditional Approval | <input type="checkbox"/> Recommend Conditional Approval to Planning Bd |
| <input type="checkbox"/> Denial | <input type="checkbox"/> 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, PB Representative

PB Meeting Date

