

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:** \_\_\_\_\_

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**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

**Planning Board Action:**

\_\_\_ Approved

\_\_\_ Conditionally Approved

\_\_\_ Denied

