



Town of Exeter Historic District Commission

10 FRONT STREET • EXETER, NH • 03833-3792 • (603) 778-0591 • FAX (603) 772-4709
www.exeternh.gov

CERTIFICATE OF APPROPRIATENESS For erection and display of CHANGE TO EXISTING STRUCTURE



Official Use Only

Application No. _____ Fee Paid _____ Date Paid _____
(mm/dd/yyyy)

Application is hereby made for the issuance of a Certificate of Appropriateness under Zoning Ordinance Article 8.0 Historic District Regulations.

To be completed by Applicant	To be completed by Town Staff		
	Yes	Yes	No
Completed Renovation Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Architectural Details (as applicable): including but not limited to window/door/ cornerboard trim, eave, railings, cupolas, brackets, shutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of Materials (specification sheets and/or samples): including but not limited to windows, doors, siding, trim, masonry, exterior lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographs: existing site, existing structure, proposed ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application Fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Project Property Address: _____

The following information can be obtained from the Assessor's Office or Planning Department

Tax Map: _____ Lot No.: _____ Unit: _____

Please check the category which is appropriate to this application

- Move an existing structure to, from or within the Districts
- Demolition of all or part of an existing structure
- Change appearance (including but not limited to roofing, chimney, doors, fence, landscaping)
- Window Replacement
- Restore to original or appropriate style or period

If known, list the architect, designer and/or contractor who are or will be involved with the design and execution of the work proposed in the application: _____

The described work is scheduled to begin on _____ and to be completed by _____
(mm/dd/yyyy) (mm/dd/yyyy)

Other comments: _____



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See Exeter Zoning Ordinance Section 8.0

Each application for a certificate of appropriateness shall be submitted on forms provided by the Historic District Commission (HDC). The application shall be presented to the Building Department of the town of Exeter, who shall record the date and receipt of the complete application. The Building Department will forward all applications to the HDC Chairperson.

Applicant Name	Property Owner (if different than applicant)
Applicant's Mailing Address	Property Owner's Mailing Address
City, State, Zip	City, State, Zip
Applicant's Phone Number	Property Owner's Phone Number
Applicant's Email	Property Owner's Email

Signature: _____ **Date:** _____
(Applicant, if different from Property Owner) (mm/dd/yyyy)

I attest that I represent the owner(s) of the above named property to be modified, and I authorize the applicant to represent me/us before the Exeter Historic District Commission in all matters concerning this application.

Signature: _____ **Date:** _____
(Property Owner) (mm/dd/yyyy)

The above named owner and applicant recognize that the property is situated in the Historic District of Exeter, New Hampshire. We certify that the information contained in the application is true to the best of our knowledge and request that the Exeter Historic District Commission consider the following proposal for said property.

END OF APPLICATION

