

**BRISTOL HISTORIC DISTRICT COMMISSION
CITY OF BRISTOL, CONNECTICUT
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

APPLICATION NO. _____

DATE FILED: _____

The undersigned Applicant hereby applies for approval of a Certificate of Appropriateness for the proposed work described below:

Address of the Property: _____

Assessor's Map No.: _____ Assessor's Lot No.(s): _____

Nature of Proposed Work (check all that apply):

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> New Construction/Installation | <input type="checkbox"/> Roof | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Addition/Renovation | <input type="checkbox"/> Windows/Doors | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Alteration/Replacement | <input type="checkbox"/> Porch/Deck | <input type="checkbox"/> Other |
| <input type="checkbox"/> Demolition/Removal | | |

Proposed Work Will Be Done On: Main Building Accessory Structure Other (including land)

Brief Description of Proposed Work: _____

APPLICANT (If more than one, list each separately) CHECK ONE: owner other: _____

Name: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ E-Mail: _____

OWNER(S) OF RECORD (If other than Applicant; if more than one, list each separately)

Name: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ E-Mail: _____

For Office Use Only

Date of Public Hearing: _____

Building Permit Required? Yes No

Date of Commission Decision: _____

- Decision: Approved With Conditions See Attached
 Denied With Modifications
 Withdrawn

Signed: _____

Chairman/Secretary, Bristol Historic District Commission

Date

THIS APPLICATION MUST BE FILED BY 12 NOON ON THE DEADLINE DAY FOR APPLICATION SUBMISSION – NO EXCEPTIONS!

**CITY OF BRISTOL, CONNECTICUT
SUPPLEMENTARY INFORMATION**

For Office Use Only
APPLICATION NO. _____

Address or location of property: _____

ADDITIONAL INFORMATION/COMMENTS (click inside the box below and begin typing)

ADDITIONAL APPLICANT

Name: _____ Signature: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone No.: _____ E-Mail: _____

CHECK ONE: [] owner [] other: _____

ADDITIONAL OWNER(S) OF RECORD

Name: _____ Signature: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone No.: _____ E-Mail: _____

Name: _____ Signature: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone No.: _____ E-Mail: _____

(OPTIONAL) SEND COPIES OF ALL CORRESPONDENCE TO:

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone No.: _____ E-Mail: _____

**BRISTOL HISTORIC DISTRICT COMMISSION
CITY OF BRISTOL, CONNECTICUT
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

The following shall be included as part of this application:

- filing fee – \$50.00 (make checks payable to "City of Bristol")
- four copies of plans, maps, sketches, drawings, photographs, or other such documentation as may assist the Commission in its evaluation of the application, such as (but not limited to) the following:
 - photographs of existing building elevations and/or site conditions that will be affected by the proposed work
 - scaled drawing(s) of proposed work that indicates the location, dimensions, materials, colors, etc. of the proposed work; for new construction or an addition, such drawing(s) must clearly show the relationship between the proposed work and the existing structure
 - manufacturers' product literature and/or specification sheets