



**Town of Effingham
Historic District Commission**

Applicant Checklist and Application for Certificate of Approval

Please read all instructions carefully. It is important that all information be submitted as required. The checklist below must be completed as part of the application. Provide a response for all fields on the checklist and application. In the event a field and/or question is not applicable to the proposed work, indicate as such by entering "Not Applicable" or "N/A" as a response. Incomplete forms will be returned to the applicant for correction, which could cause delays in the process of reviewing your project.

The applicant is cautioned that this checklist and application are only a guide and are not intended to be a complete list of all requirements. It is advisable to review all applicable zoning ordinances and/or district, town, and/or state regulations for full details.

It is required that applications be submitted digitally, via email, to hdc@effinghamnh.net. In the event that an applicant does not have internet access, completed paper forms may be returned to the Selectmen's Office during regular business hours or mailed to: Town of Effingham, Attn: Historic District Commission, 68 School Street, Effingham NH 03882 for scanning, with scanned documents to be emailed to the Commission.

All required fees, as outlined in the checklist below, must accompany this application. Make checks payable to: Town of Effingham.

OWNER/APPLICANT NAME: _____

PROJECT LOCATION: TAX MAP #: _____ **LOT #:** _____

HISTORIC DISTRICT (circle one): **CENTER EFFINGHAM** **LORD'S HILL**

PROJECT LOCATION STREET ADDRESS: _____

Applicant Checklist

- _____ 1. Completed Application for Certificate of Approval, including, but not limited to:
- Owner information.
 - Agent information.
 - Property information
 - Description of the proposed work, including elevation sketches or architectural drawings.
 - Plat or grid diagram and any other supporting documentation.
 - Application must be received **at least 7 days prior** to a regular scheduled monthly meeting.
- _____ 2. Application fee of \$30.00 (Check made out to the Town of Effingham)

FOR HDC USE ONLY:
Application complete: Yes No
Certificate of Approval not required: _____

Application for Certificate of Approval

Owner Information:

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Email Address: _____

The undersigned hereby requests permission for the work proposed and described in this application and attached documents. The undersigned understands that the Historic District Commission (HDC) reserves the right to require additional information and/or specifications it feels necessary to make an informed decision and that the Certificate of Approval is void in the event of misrepresentation and/or non-compliance with Historic District rules and regulations, the zoning ordinance, site plan review, and any other applicable State and Town laws and regulations. The undersigned acknowledges that the HDC may grant variances on an "as necessary" basis only in so far as the variance relates to rules and regulations pertaining to the Historic Districts and not to the zoning ordinance as a whole, authorizes the HDC to enter the property to inspect the premises and/or review the specifics of this application, and accepts that the HDC may take up to a minimum of two (2) regularly scheduled meetings to make a decision on this application.

Signature of Owner/Applicant

Date of Application

Agent Information:

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Email Address: _____

The undersigned, as owner(s), hereby designate the person listed above as their agent for the purpose of procuring the necessary Certificate of Approval for the work as described herein. The undersigned acknowledge that representations made by the agent may be accepted as though made by them personally and that they are bound by any official decision made on the basis of such representations.

Signature of Owner/Applicant

Date of Application

Property Information:

Project Location: Tax Map #: _____ Lot #: _____ Lot Size: _____ Lot Frontage: _____

Historic District (circle one): Center Effingham Lord's Hill

Project Location Street Address: _____

What is the property's existing use? Check one: Residential Business Other (describe)

Does this application include a change of use? Circle one: Yes No

Is this property in a special flood hazard area? Circle one: Yes No

Application for Certificate of Approval

Proposed Work - Purpose:

The purpose of the proposed work is: (check one)

_____ to restore the appearance to that of the time of the happening of a historic event.

_____ to restore the appearance to that when constructed.

_____ to restore the appearance to that of a period later than when constructed.

_____ to restore the appearance to that typical of a period or architectural style.

_____ new construction of _____.

_____ to move an existing building to a new site.

_____ the demolition of a structure.

_____ other (describe): _____.

Proposed Work – Setbacks & State Approvals:

Front Setback: _____ Rear Setback: _____ Left Side Setback: _____ Right Side Setback: _____

DES Septic System Approval #(if applicable/available): _____

(Setbacks are the distance from the proposed project to the property boundary line. Determining which setbacks are the left and right side should be determined by viewing the property from the listed street address.)

Proposed Work - Detailed Description:

This description should include, but is not limited to, any proposed construction, alterations, repairs, demolition, or changes in use. Photographs of the affected areas of the property and/or building(s) may be included. It is beneficial to give as much detailed information as possible. *Attach additional sheets as necessary.*

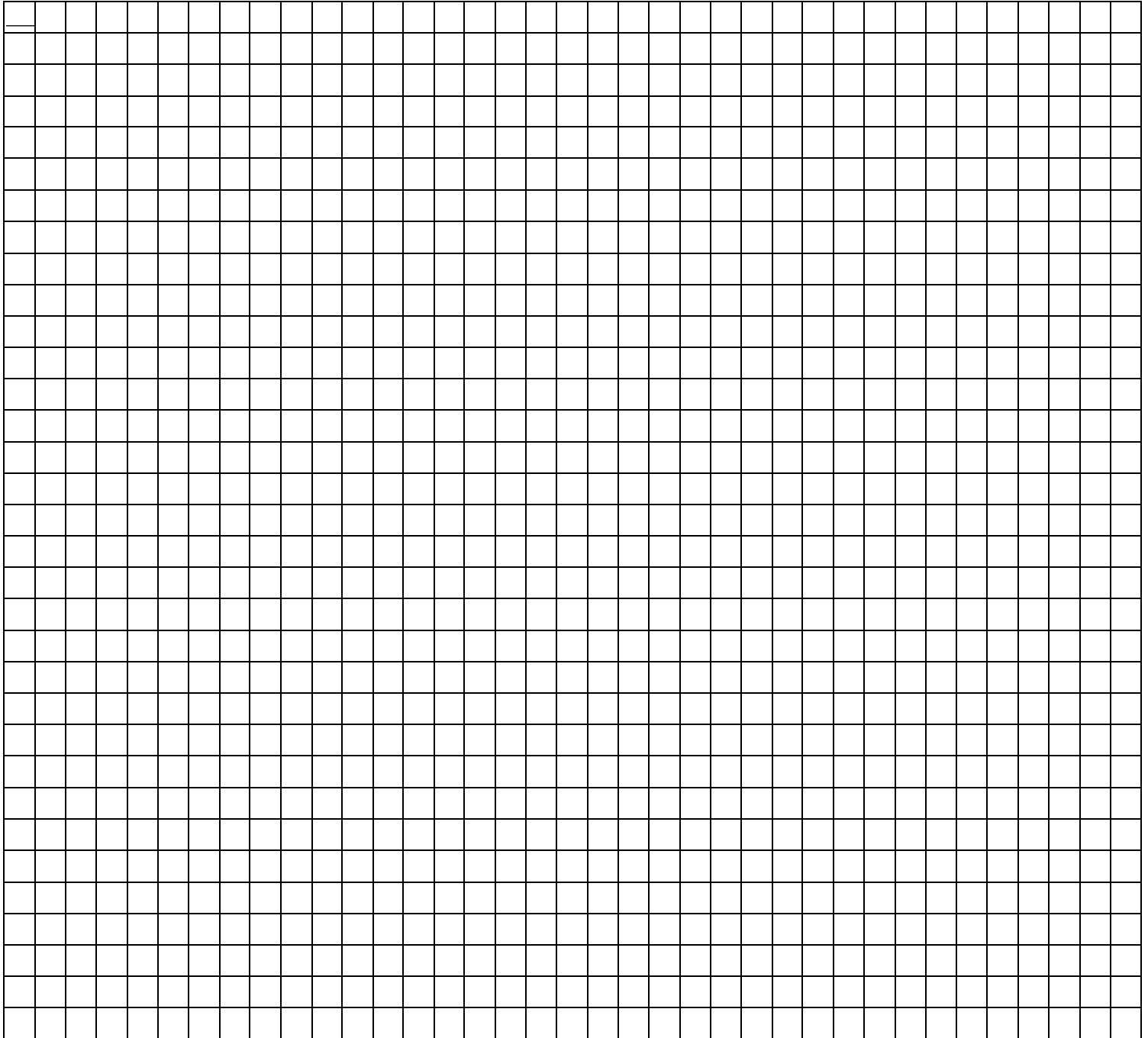
Part I – Location/Siting on Tax Map or Prepared Plat:

As applicable and/or appropriate, on a copy of the tax map for the property or on a prepared plat, show all present and proposed buildings and/or structures in their correct locations with the size of each (length and width), mark the setback distances noted in the “Proposed Work – Setbacks and State Approvals” section of this application, mark the location of the property’s well and septic system, and mark plans for site development and landscaping. *In the event a site visit is required, clearly mark the location of any proposed buildings and/or structures on the property using stakes and/or flags. Tax maps are available on the Town of Effingham’s website at www.effinghamnh.net. Those applicants that do not have internet access, may obtain a copy of their tax map from the Selectmen’s Office at 68 School Street in Effingham NH during regular business hours.*

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Part II – Elevation Sketches and/or Architectural Drawings:

On the grid provided as part of this application, on a separate sheet, or on professionally prepared drawings, include, as applicable and/or appropriate, the dimensions of any structures (length, width, and height) and the number of stories; street level renderings or sketches of the facade that include doors and windows, architectural details, and roof slope; information on construction materials and surface finishes; any other architectural or building information that can be indicated on the visual sketch.



Application for Certificate of Approval

Part III – Narrative Description of the Project:

In the space below, please provide a narrative summary of your project as reflected in the plans and drawings provided as part of the application. Include any information which may be relevant to the project, particularly as it pertains to the Historic District Regulations, but which may not be reflected elsewhere in this application. *Attach additional sheets as necessary.*
