

WINDSOR HISTORIC DISTRICT COMMISSION



Application for a Certificate of Appropriateness

Please complete the Application for a Certificate of Appropriateness and submit it to the Planning Department. Please contact the Planning Department at (860) 285-1980 if you have any questions.

Address of Pr	roposed Work:	
Applicant:	Name:	Phone:
	Mailing Address:	Email:
Owner: (if different)	Name:	Phone:
	Mailing Address:	Email:
Contractor/A	gent Name:	
Proposed Wo	rk Start Date:	Estimated Work Completion Date:
New Cor Addition Alteration Relocation Demolition	n/Replacement on of Structure on/Removal Description of Proposed Work. Please drawings) or pertinent details that des	Type of Structure: Residential Building Non-Residential Building Accessory Structure Other: e include any additional materials (e.g., elevations, plot plan, scribe the change
		ide or attach additional pages if needed.
		Owner Signature
		cation, a Certificate of Appropriateness will be issued. tes are valid for one year.
	FOR	OFFICE USE ONLY
Fee \$ None	Application Received By:	Date Received:
Certificate No	o. HDC-	oved Disapproved Withdrawn Date: