

<p>Application for CERTIFICATE OF APPROPRIATENESS Thomaston Historic Preservation Commission</p>

Date _____

Owner's Name, Address, Phone Number

Applicant's Name, Address, Phone Number

Project Address: _____

Description of Property: Residence _____ Commercial _____ Vacant Lot _____

Proposed Changes or modifications: (If necessary, attach additional sheets or plans)

Anticipated date of completion: _____

Applicant's Signature: _____



FOR COMMISSION USE ONLY C/NC _____

Name of historic district

COA Approved _____ Approved with conditions _____ Denied _____ Date _____

Reason for Action: _____

Chair Signature: _____