CITY OF FROSTBURG

HISTORIC DISTRICT COMMISSION
CERTIFICATE OF APPROPRIATENESS APPLICATION



DEPARTMENT OF COMMUNITY DEVELOPMENT
CITY HALL
59 E. MAIN STREET, P.O. Box 440
FROSTBURG, MD 21532

Applicant Name:											
						Type of Change:	Alteration Addition New Building	Demolition Repair Sign	Grading Excavation Other:		
						Work to be performe	ed:				
						PLANS - Arc	hitect, Engineer, or Ot	her:			
						DEMOLITION	N - Contractor:				
RENOVATIO	N/CONSTRUCTION - I	Building Contractor(s)):		 						
Scope of Work (descri	ribe project in detail, list m	aterials and dimensions):									
Is the property subject to an historic preservation easement?				NO	YES						
Is the easement held by a third party organization other than the property owner? If yes, please provide a copy.				NO	YES						

SITE PLAN OR ACCURATE SCALED DRAWING DEPICTING PROPORTIONS AND DISTANCES CLEAR AND LEGIBLE SKETCH OF EXTERIOR DETAILS OR AREA TO BE CHANGED PHOTOGRAPH(S) OF AREA TO BE CHANGED MANUFACTURER'S SAMPLES OR TEAR SHEETS OF MATERIAL(S) PROPOSED TO BE USED FOR NEW CONSTRUCTION: SITE PLAN TO SCALE **ELEVATION DRAWINGS** MATERIAL SAMPLES/TEAR SHEETS CURRENT PHOTOGRAPHS OF PROPERTY OTHER: Optional Attachments: HISTORIC PHOTOGRAPHS OR OTHER DOCUMENTATION You are encouraged to attend the Frostburg Historic District Commission meeting. The next meeting is _____, at 4:15 pm at the Frostburg Library, 65 E. Main St., Frostburg, Maryland. Failure to provide sufficient information for review may result in an unfavorable recommendation by the Historic District Commission. PLEASE READ AND SIGN BELOW I hereby certify that I am the owner of the property or I have advised to owner of the property in regard to the proposed work. Further, the information provided by this application represents an accurate description of the proposed work and nothing has been intentionally omitted that would be necessary for the Historic District Commission's decision making process. I understand that a favorable review finding by the Frostburg Historic District Commission does not constitute approval of other require land use or building permits obtained by a separate application. Signature Date FOR CITY USE ONLY FROSTBURG HISTORIC DISTRICT Approval to be granted by: **STAFF** Staff Review: NOT APPROVED APPROVED Staff Reviewer: ____ Date: _____

SIGNATURE

Requirements for Complete Application (TO BE DETERMINED BY STAFF; IF CHECKED INCLUDE AS AN ATTACHMENT):