

**WILTON HISTORIC DISTRICT AND HISTORIC PROPERTY
COMMISSION**

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

TO BE COMPLETED BY APPLICANT:

Date: _____ Application # _____

Address of proposed work: _____ Historic District # _____

Owner: _____ Phone: (home) _____

Address: _____ Phone: (business) _____
(If different from above)

Architect: _____ Phone: _____

Architect Address: _____

Contractor: _____ Phone: _____

Contractor Address: _____

Proposed date of Commencement: _____ Proposed date of Completion: _____

Proposed Work is:

___ Change ___ Addition ___ Demolition ___ Moving ___ New Construction

Describe proposed work on a separate sheet. Complete details must be provided, including drawings to scale and construction plans with elevations, as well as photographs of building exteriors affected by the proposed work; description and/or samples of any unique materials to be used; and other information that would be helpful in understanding the nature of the project.

Signature / Town Planner

Date

Return Completed Form and eight (8) additional collated copies of all application materials to:

Planning & Zoning Office, Wilton Town Hall Annex
238 Danbury Road, Wilton, CT 06897
203-563-0185

With Application Fee of \$50 made payable to Town of Wilton

To facilitate this application, the Historic District and Historic Property Commission suggests that you meet with them prior to the public hearing.

CERTIFICATE OF APPROPRIATENESS

To be completed by Wilton Historic District and Historic Property Commission

Date of application _____ Application # _____

Applicant's name _____

Applicant's address _____ H.D. # _____

Upon action taken on: _____ Public Hearing __ Yes __ No

This Certificate of Appropriateness is:

GRANTED, subject to the following stipulations, which are acknowledged and agreed to by the applicant by virtue of his/her signature hereto. **Applicant must sign and return this certificate to the Historic District & Historic Property Commission within 30 days of the date below. Failure to sign and return this Certificate shall invalidate the certificate.**

1. This certificate is valid for _____ months from the date hereon. All work described in the application must be commenced and completed within this period. If the work is not completed, the Town, through its authorized agent, may order the removal of the work which was commenced or take such other action as is necessary to restore the structure to its appearance prior to the commencement of such work.

Extensions may be granted at the discretion of the Commission.

2. Additional Stipulations:

Applicant Signature (*acknowledging stipulations*)

NOT GRANTED

Signed: Wilton Historic District and Historic Property Commission

By _____ Date _____
Chairman