

**Hagerstown Historic District Commission
DESIGN REVIEW APPLICATION**

CASE # HDC-_____
Grant Application _____

Date Accepted _____
(office use only)

45-Day Time Limit Expires _____

Property Location _____
(Include business name, if applicable)

Applicant's Name _____
(Circle: owner/tenant/contractor)

Phone _____ E-mail Address _____

Applicant's Address _____

Property Owner's Name & Phone Number _____

Description of Proposed Work: (Attach one copy of drawings, sized 11"x17" or smaller—unless there are numerous sheets. If larger than 11"x17", attach twelve copies.)

CERTIFICATION:

Failure to complete this application fully including the attachment of scaled construction plans and other supporting material as may be required by the Planning Office or the Historic District Commission and/or failure of the applicant or a representative to appear at the scheduled meeting will result in postponement of the application until the next regular scheduled meeting. The application may be dismissed if there are two or more postponements. If an application is denied, the same application shall not be renewed within a period of one year after the denial. If Applicant different from Owner of property, written authorization from the Owner must be included with this application.

I, or my representative, will appear at the Historic District Commission's meeting at the designated time in City Hall on Thursday, _____, at 4:30 PM in Room 407.
(office use only)

APPLICANT'S SIGNATURE _____ **DATE** _____

PROPERTY OWNER'S SIGNATURE _____ **DATE** _____
(If other than Applicant)

- ____ APPROVAL - CERTIFICATE OF APPROPRIATENESS
- ____ APPROVAL - CERTIFICATE OF HARDSHIP
- ____ DENIAL - CERTIFICATE OF APPROPRIATENESS
- ____ DENIAL - CERTIFICATE OF HARDSHIP

CHAIRPERSON'S SIGNATURE _____ **DATE** _____