

HAGERSTOWN HISTORIC DISTRICT COMMISSION
D-MU Sign/Facade Grant Application

CASE # G- _____

Date Accepted _____

(office use only)

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.
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. If Applicant is 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 - SIGN GRANT PROPOSAL
- _____ APPROVAL - FACADE GRANT PROPOSAL
- _____ DENIAL - SIGN GRANT PROPOSAL
- _____ DENIAL - FACADE GRANT PROPOSAL

CHAIRPERSON'S SIGNATURE _____ **DATE** _____