



# CITY OF HAGERSTOWN, MARYLAND

Planning and Code Administration Department

## HISTORIC DISTRICT COMMISSION DESIGN REVIEW APPLICATION

Case No. HDC - \_\_\_\_\_  
Office Use Only

Date Accepted: \_\_\_\_\_

45-Day Time Limit Expires: \_\_\_\_\_

### Submittal Requirements:

- Original application with original signature
- 1 copy of drawing, sized 11 x 17-inches or smaller (if larger, provide 12 copies)
- Manufacturer's literature for all materials being proposed and/or sample of materials proposed
- If constructing a new building or an addition to an existing building, provide a plot plan showing the extent of the improvements

Property Location/Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant is the: (please circle) Owner / Tenant / Contractor

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Owner Name (if different from Applicant): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of Proposed Work (please include a detailed description including dimensions, materials, location on building, etc.) If necessary, please attach additional sheets.

What: \_\_\_\_\_

Size: \_\_\_\_\_

Materials: \_\_\_\_\_

Location on the building or property: \_\_\_\_\_

---

**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 and Code Administration Department 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 regularly 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 is different from Owner of the property, written authorization from the Owner shall be included with this application.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature (if different from owner)

\_\_\_\_\_  
Date

---

**Hagerstown Historic District Commission Action:**

	<b>Approval – Certificate of Appropriateness</b>
	<b>Approval – Certificate of Hardship</b>
	<b>Denial – Certificate of Appropriateness</b>
	<b>Denial – Certificate of Hardship</b>

\_\_\_\_\_  
Historic District Commission Chair Signature

\_\_\_\_\_  
Date

---

**Revisions:**

**Revision Approved / Denied:**

\_\_\_\_\_  
Historic District Commission Chair Signature

\_\_\_\_\_  
Date

City of Hagerstown, Maryland  
**Planning and Code Administration Department**  
One East Franklin Street, Suite 300  
Hagerstown, MD 21740  
T | 301.739.8577, Ext. 138  
F | 301.791.2650