



APPLICATION FOR A HISTORIC PRESERVATION CERTIFICATE

TOWN OF CASTINE
P.O. BOX 204 – 67 COURT STREET
CASTINE, MAINE 04421

PHONE (207) 326-4502; FAX (207) 326-9465 EMAIL: townoffice@castine.me.us

CEO Use Only
RECEIVED
By _____
Date _____

NOTE: This application is structured in a checklist format and identifies each item requiring submission pursuant to § 10.2 of the Ordinance. Attachments should be identified with the applicable section number at the upper right corner of each page.
A Historic Preservation Certificate will expire twelve (12) months from the date of issue pursuant to § 17.1 of the Ordinance. The applicant and property owner, by submission of this application, acknowledge this notice.

10.2.1 PROPERTY OWNER
NAME: _____ PHONE: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
EMAIL ADDRESS: _____

10.2.2 APPLICANT (IF NOT OWNER)
NAME: _____ PHONE: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
EMAIL ADDRESS: _____
APPLICANT'S INTEREST IN PROPERTY: _____

10.2.3 STREET (911) ADDRESS: _____ TAX MAP #: _____ LOT #: _____

10.2.4 USE & ZONING CLASSIFICATION OF PROPERTY: _____

10.2.5 DESCRIPTION OF ACTIVITY REQUIRING A HISTORIC PRESERVATION CERTIFICATE:

10.2.6 DRAWING(S) SHOWING DESIGN AND LOCATION OF ANY PROPOSED ALTERATION OR NEW CONSTRUCTION:
 ITEM ATTACHED REQUEST WAIVER

10.2.7 PHOTOGRAPHS OF BUILDING(S) INVOLVED AND ADJACENT BUILDINGS:
 ITEM ATTACHED REQUEST WAIVER

10.2.8 SITE PLAN INDICATING IMPROVEMENTS AFFECTING APPEARANCE SUCH AS FENCES AND WALLS, WALKS, TERRACES ACCESSORY BUILDINGS, LIGHTS AND OTHER ELEMENTS.
 ITEM ATTACHED REQUEST WAIVER N/A TO THIS APPLICATION

• **CERTIFICATION**

I CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND ON ALL ATTACHMENTS IS TRUE AND CORRECT AND I UNDERSTAND THAT ANY FALSE INFORMATION WILL INVALIDATE THE HISTORIC PRESERVATION CERTIFICATE. I ACKNOWLEDGE THAT ANY CHANGE TO THE PROJECT AFTER APPROVAL BY THE HISTORIC PRESERVATION COMMISSION WILL INVALIDATE THE APPROVAL AND WILL REQUIRE ME TO REAPPLY.

SIGNATURE OF APPLICANT

DATE

FOR CODE ENFORCEMENT OFFICER USE

COMMENTS _____

CODE ENFORCEMENT OFFICER

DATE

FOR HISTORIC PRESERVATION COMMISSION USE

THIS APPLICATION IS: APPROVED APPROVED WITH CONDITIONS DISAPPROVED

FINDINGS OF FACT:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

CONDITIONS OF APPROVAL:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

CHAIR, CASTINE HISTORIC PRESERVATION COMMISSION

DATE