Staff Assigned: _____ Date Received: _____

Historic District Commission

City Hall – 3rd Floor, Room 309
869 Park Avenue – Cranston, RI 02910

APPLICATION FOR REVIEW OF PROPOSED WORK

1. Local Historic District Name: _____

2. Property Address: _____

3. Plat # _____ Lot(s) # _____

4. Owner(s) Name: _____

   Address: _____

   Phone # ( ) _____ - _____

5. Applicant Name: _____

   Address: _____

   Phone # ( ) _____ - _____

6. Designer/Contractor Name: _____

   Address: _____

   Phone # ( ) _____ - _____

7. Designer/Contractor Name: _____

   Address: _____

   Phone # ( ) _____ - _____

8. Representative Name: _____

   Address: _____

   Phone # ( ) _____ - _____

9. Work Category (*Please check all that apply*):

_____ New Structure(s)

_____ Addition to Structure(s)

_____ Remodeling of Structure(s)

_____ Partial Demolition of Structure(s)

_____ Total Demolition of Structure(s)

_____ Sign/Fence/Landscaping Features

_____ Subdivision of Land

_____ Documentation and Evidence Report

10. Description of Proposed Work:

_____

_____

_____

_____

_____

_____

_____

_____

11. Reason for Application (*Please check all that apply*):

_____ Deteriorated historic features

_____ Threat to archeological resources

_____ Technical support for historical report

_____ Acknowledge a vanished or non-surviving aspect

_____ Expansion/Renovation

_____ Danger to public safety

_____ Change of use within the structure or landscape

12. Included with the Application (*Please check all that apply*):

    a. Photographs:

    _____ Street View

    _____ Interior View

    _____ Detail View (*close ups*)

    _____ Examples of work at a different location

    b. Drawings (*drawn to scale*):

    _____ Site Plan

    _____ Floor Plan(s)

    _____ Construction Detail(s)

    c. Other:

    _____ Proposal Rendering

    _____ Catalog Cuts/Product Specifications

    _____ Other: _____

13. Signatures:

I/we hereby certify that I/we own the subject property or properties and am/are permitting the Applicant listed below to seek a Historic District Commission approval for the project listed herein on my/our behalf.

Applicant Name (please print) **Applicant Signature** **Date:**

Owner Name (please print) **Owner Signature** **Date:**

Owner 2 Name (please print) **Owner 2 Signature** **Date:**

42” WIDE x 36” HIGH

CRANSTON VETERANS MEMORIAL ICE RINK

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