

HDC Meeting Date: _____

Historic District Commission of the Town of Greenwich

Advisory Opinion to the Planning and Zoning Commission [adjust size]

For changes:

- _____ To a structure listed on the National Register of Historic Places
- _____ To a structure listed on the State Register of Historic Places
- _____ To a public or commercial building with historic features

Or

- _____ For a requested Historic Overlay
- _____ For a requested Historic Residential Overlay
- _____ For a requested Preservation Easement

Address of work: _____

Owner(s) _____ Address _____

Phone _____ Fax _____ e-mail address _____

Architect _____ Address _____

Phone _____ Fax _____ e-mail address _____

Agent/Contractor _____ Address _____

Phone _____ e-mail address _____

Estimated Dates: Begin _____ Complete _____

Proposed work is:

To be undertaken on:

Change _____

Addition _____

Residential building _____

Accessory building _____

Commercial building _____

Explanation of work: Please attach current photographs, elevation drawings, site plan and a view of the streetscape or natural setting that illustrates the building's context.

Signed by Owner _____ Date _____

Historic District Commission Meeting Date: _____

Commission Action: Endorsed _____
