CITY OF FROSTBURG

If yes, please provide a copy.

HISTORIC DISTRICT COMMISSION
CERTIFICATE OF APPROPRIATENESS APPLICATION



DEPARTMENT OF COMMUNITY DEVELOPMENT
FROSTBURG MUNICIPAL CENTER
37 BROADWAY, P.O. BOX 440
FROSTBURG, MD 21532

Applicant Name:		
Applicant's Address:		
Phone Number(s):		
Property Owner Name:		
Property Address and Location:		
Type of Change: Alteration Demolition Grading Addition Repair Excavation New Building Sign Other:		
Work to be performed: PLANS – Architect or Engineer: DEMOLITION - Contractor: RENOVATION/CONSTRUCTION – Building Contractor(s):		
Scope of Work (describe project in detail, list materials and dimensions):		
Is the property subject to an historic preservation easement? NO YES		
Is the easement held by a third party organization other than the property owner?		

Requirements for Complete Applica	tion <i>(to be determined by staff; if checked inc</i>	LUDE AS AN ATTACHMENT):	
SITE PLAN OR ACCURATE SCA	LED DRAWING DEPICTING PROPORTIONS AND D	ISTANCES	
CLEAR AND LEGIBLE SKETCH OF EXTERIOR DETAILS OR AREA TO BE CHANGED			
PHOTOGRAPH(S) OF AREA TO	BE CHANGED		
MANUFACTURER'S SAMPLES OR TEAR SHEETS OF MATERIAL(S) PROPOSED TO BE USED			
FOR NEW CONSTRUCTION:			
☐ SITE PLAN TO SCALE			
ELEVATION DRAWING	SS		
	EAR SHEETS		
CURRENT PHOTOGRA	PHS OF PROPERTY		
OTHER:			
Optional Attachments:			
HISTORIC PHOTOGRAPHS OR	OTHER DOCUMENTATION		
meeting is Municipal Center, 37 Broadway	the Frostburg Historic District Commis, at 6:0 y, Frostburg, Maryland. Failure to provi	0 pm at the Frostburg de sufficient information	
PLEASE READ AND SIGN BELOW			
the proposed work. Further, the in	er of the property or I have advised to owner of Information provided by this application represe In secons intentionally omitted that would be necesses.	ents an accurate description o	
	w finding by the Frostburg Historic District Color building permits obtained by a separate app		
Signature	 Date		
FOR CITY USE ONLY			
Approval to be granted by:	FROSTBURG HISTORIC DISTRICT	☐ STAFF	
Staff Review: APPROVED	□ NOT APPROVED		
Staff Reviewer:	Date:		

SIGNATURE