

Application #: _____
Date Submitted: _____

**Application for Review and Public Meeting
Franklin Heritage Commission
Franklin, New Hampshire**

Please complete the entire application. Failure to do so will delay processing it. PRINT legibly and in INK or complete PDF version using Adobe® Reader®. The application must be signed and dated. The owner must sign the application or submit a letter of authorization.

This application is to be completed by anyone requesting a REVIEW AND PUBLIC MEETING before the HERITAGE COMMISSION. Review criteria are defined in the Regulations of the Heritage Commission (attached). Please also refer to Chapter 78 of the City of Franklin Code. The following activities within the district require review (map attached):

- a. The alteration, addition, erection, painting, roofing, relocation or demolition of buildings, signs, facades, and any visible exterior features of any building within the district.
- b. The construction of any new free-standing buildings.

1. Location of property for which the appeal is being applied: Tax Map & Lot #: _____
Street Address: _____

	OWNER	PERSON COMPLETING APPLICATION
2. Name:	_____	_____
Mailing Address:	_____	_____
Phone #:	_____	_____

3. Describe all the PROPOSED work to be performed to the Building and the property: (attach separate sheet if necessary)

4. Please provide the following information if applicable to your project:
- a. Samples of paint or roofing materials to be used.
 - b. Drawings showing proposed landscaping or the areas where existing landscaping will be removed.
 - c. Drawings or design showing any proposed grading or other site work [parking areas, retaining walls, etc].
 - d. Drawings, sketches, or other representations showing the proposed exterior changes to front, side, or rear faces of the building.
 - e. Pictures of the proposed windows or other exterior trim work.
 - f. Any other information that will be helpful to support the application.

The Heritage Commission reserves the right to ask for any other information it deems necessary to review and act on the application.

Signature of Applicant

Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY!!	
1. Date Application Submitted:	_____
2. Fee Collected <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$	_____
Form of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check #	_____
3. Date of Public Meeting:	_____
Date Notice Sent to Applicant Explaining Board Action:	_____

Franklin Heritage Commission
Franklin, New Hampshire

Certificate of Approval

For Historic District Commission Use Only:

1. Property Location Tax Map & Lot #: _____
Street Address: _____

OWNER

2. Name: _____
Mailing _____
Address: _____
Phone #: _____

Approved (date): _____

Conditional Approval (date and conditions to be met): _____

Disapproved (date): _____

Held for further information (date and required information):

By: _____, Franklin Heritage Commission

- Distribution of Copies:
1. Commission's Files
 2. Applicant
 3. Planning and Zoning Office