

Application #

**TOWN OF ACTON
HISTORIC DISTRICT COMMISSION**
472 Main Street, Acton, MA 01720

APPLICATION FOR CERTIFICATE

This information will be posted on the Town of Acton website docushare.

Applicant

Telephone

E-mail

Address

Property owner and address
(if different from applicant)

Location of Work

District: Center ___ West___ South___

No. Street

Pursuant to Ch. 40C of the General Laws of Massachusetts, application is hereby made for issuance of a Certificate for work within a Local Historic District.

Description of Proposed work: (See instructions for additional information required)

The undersigned hereby certifies that the information on this application and that any plans submitted herewith are correct, and constitute a complete description of the work proposed. **I acknowledge, by my signature below, that this application and all its data will be posted on the Town of Acton website docushare.**

Signature of applicant _____ Date

Application received by _____ for HDC. Date

Certificate approved by _____ Date
for Historic District Commission

Certificate of appropriateness not required (Certificate of Non-Applicability issued)

ACTON HISTORIC DISTRICT COMMISSION

October, 2009

hdc@acton-ma.gov

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