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Application #

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

APPLICATION FOR CERTIFICATE

TOWN CLERK, ACTON

Applicant Gladys Fox Trustee
Fertus Realty Trust

Telephone 978 263 8484
E-mail wfre@comcast.net

Address 266 Central St.

Property owner and address
(if different from applicant)

Location of Work No. 266 Street Central District: Center ___ West
South

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)

Remove existing rolled roof on Rear building and replace w/ new ~~rubber~~ Rubber Roof w/ similar appearance. Water proof and point ^{same} existing chimney. Changes Not visible from Road. Roof replacement will Not change in appearance from existing roof.

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.

Signature of applicant Gladys Fox Trustee 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)