

TOWN OF SMYRNA Historic District Permit Application

I. BUILDING LOCATION	DATE _____ ADDRESS (LOCATION) _____
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II. WORK INVOLVES	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> EXTERIOR IMPROVEMENTS <input type="checkbox"/> DEMOLITION <input type="checkbox"/> SIGN(S) <input type="checkbox"/> FAÇADE IMPROVEMENTS <input type="checkbox"/> OTHER _____
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Describe work to be done. Be specific as possible. Attach drawings that include accurate dimensions, understandable elevations and/or photograph, descriptions of materials and colors used. Please submit product literature or samples. Attach site plans, building plans, landscaping and parking plans, if required. Submit a photograph of property taken from the street.

III. SIGN INFORMATION	SIZE _____ LOCATION (Mark also on photo) _____ Colors, materials and type style _____ Check one: <input type="checkbox"/> Flat Sign <input type="checkbox"/> Projecting Sign <input type="checkbox"/> Detached Sign (Portable)
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IV. IDENTIFICATION – To be completed by all applicants				
	Name	Mailing Address – Number, street, city, and State	ZIP code	Phone #
Owner/ Lessee				
Contractor				
Architect/ Engineer				

<i>I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.</i>		
Signature of applicant	Address	Application Date

Address:

Review Date:

WINDOWS	HDRB Requirement	Field Inspection	Notes:
Vinyl Replacement ___ (Yes) ___ (No)			
Wood Replacement ___ (Yes) ___ (No)			
Restore Existing ___ (Yes) ___ (No)			
Sash (example 6/6, etc.):			
Exterior Muntins ___ (Yes) ___ (No)			

SHUTTERS	HDRB Requirement	Field Inspection	Notes:
Louvered ___ (Yes) ___ (No)			
Paneled ___ (Yes) ___ (No)			
Shutter Fasteners ___ (Yes) ___ (No)			
Properly fit windows ___ (Yes) ___ (No)			
Color:			

DOORS	HDRB Requirement	Field Inspection	Notes:
Steel Replacement ___ (Yes) ___ (No)			
Wood Replacement ___ (Yes) ___ (No)			
Restore Existing ___ (Yes) ___ (No)			
Paneled ___ (Yes) ___ (No)			
# of Panels:			
Color:			
Window ___ (Yes) ___ (No)			
Window Style _____			
Sidelights ___ (Yes) ___ (No)			
Transom ___ (Yes) ___ (No)			

PORCH	HDRB Requirement	Field Inspection	Notes:
Posts:			
Vinyl Replacement ___ (Yes) ___ (No)			
Wood Replacement ___ (Yes) ___ (No)			
Restore Existing ___ (Yes) ___ (No)			
Turned Posts ___ (Yes) ___ (No)			
Squared Posts ___ (Yes) ___ (No)			
Post Brackets ___ (Yes) ___ (No)			
Color:			
Flooring:			
Composite Replacement ___ (Yes) ___ (No)			
Wood Replacement ___ (Yes) ___ (No)			
Restore Existing ___ (Yes) ___ (No)			
Color:			

SIDING	HDRB Requirement	Field Inspection	
Aluminum ___ (Yes) ___ (No)			Notes:
Vinyl ___ (Yes) ___ (No)			
Clapboard ___ (Yes) ___ (No)			
German Lap ___ (Yes) ___ (No)			
Shingle ___ (Yes) ___ (No)			
Color:			
Brick ___ (Yes) ___ (No)			
Stone ___ (Yes) ___ (No)			

ROOF	HDRB Requirement	Field Inspection	
Architectural Shingle ___ (Yes) ___ (No)			Notes:
Cedar Shake ___ (Yes) ___ (No)			
Metal ___ (Yes) ___ (No)			
Color:			

CORNICE	HDRB Requirement	Field Inspection	
Vinyl Replacement ___ (Yes) ___ (No)			Notes:
Wood Replacement ___ (Yes) ___ (No)			
Restore Existing ___ (Yes) ___ (No)			
<u>Style:</u>			
Boxed ___ (Yes) ___ (No)			
Bracketed ___ (Yes) ___ (No)			
Dentil ___ (Yes) ___ (No)			
Modillion ___ (Yes) ___ (No)			
Round Concave ___ (Yes) ___ (No)			
Color:			

OTHER	HDRB Requirement	Field Inspection	

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<i>HDRB Chairperson Signature</i>	<i>Date</i>

By signing below, I agree to meet all of the conditions stipulated above:

<hr/>	<hr/>
<i>Applicant Signature</i>	<i>Date</i>

By signing below, I verify that the conditions stipulated above have been completed as specified:

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<i>Inspector Signature</i>	<i>Date</i>

OFFICE USE ONLY

APPROVED **DENIED**

DATE

CHAIRMAN, HISTORIC DISTRICT REVIEW BOARD

REASON FOR DENIAL/SPECIAL PROVISIONS OF APPROVAL: _____
