

TOWN OF CHESTERFIELD
APPEARANCE COMMISSION REVIEW
ACTIONS WITHIN HISTORIC DISTRICT

1. Applicant's Name _____
Address _____
Phone _____ Tax Map No. _____

2. Location of affected lot or structure:

3. Type of building or structure:
Commercial () Industrial () Other ()
Residential () Signage ()

4. Type of action requested:

A. New construction ()	Consisting of:
B. Reconstruction ()	(1) Structural change ()
C. Alteration ()	(2) Painting ()
D. Demolition ()	a. color _____
(1) Partial ()	(3) Other _____
(2) Complete ()	

5. Has Building permit been requested? Yes () No () N/A ()
A. If yes please attach copy of permit application.
B. If no please describe type of actions planned including a sketch or plan of the work to be performed.

Description of activity planned within Historic District:

Sketch or drawing: _____ Street

PLOT PLAN

Show Streets, Lot
Dimensions, Show Sign
Location with Dimensions
to All Lot Lines

The Undersigned hereby makes application for review by the Town of Chesterfield's Appearance Commission. This is an application for approval of the proposed action and does not constitute authorization to proceed with the work described. The permit for this work you be based upon approval of this form by the Zoning Administrator and the Building Inspector.

Signature of Application

Date

FOR TOWN OFFICIALS ONLY:

DATE _____

APPEARANCE COMMISSION

DENIED ()

APPROVED ()

REQUEST DENIED BECAUSE _____

RECOMMENDATIONS: _____

ROUTE TO:

APPEARANCE COMMISSION _____

BUILDING INSPECTION DEPARTMENT _____

PLANNING COMMISSION _____

TOWN ADMINISTRATOR _____

TOWN COUNCIL _____