

**The Town of Chesterfield
Appearance Commission Review
Actions within Historic/Appearance District**

Applicant' Name _____
Address _____
Phone _____ cell _____ Tax Map No. _____

Location of affected lot or structure: _____

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

Type of action requested:

New construction	()	Consisting of :
Reconstruction	()	(1) Structural change ()
Alteration	()	(2) Painting ()
Demolition	()	color _____
(1) Partial	()	8 paint samples attached
(2) Complete	()	(3) Other _____

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 District:

Sketch or drawing: _____ Street

