



**TOWN OF GRAFTON**  
GRAFTON MEMORIAL MUNICIPAL CENTER  
30 PROVIDENCE ROAD  
GRAFTON, MASSACHUSETTS 01519

**HISTORIC DISTRICT COMMISSION**

**Application for a Certificate of Appropriateness**

**To:** Historic District Commission  
c/o Town Clerk  
Grafton Memorial Municipal Center  
30 Providence Road  
Grafton, MA 01519

**Date:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Town / City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

**Address of Proposed Work:**

\_\_\_\_\_

Pursuant to the Historic Districts Act (Massachusetts General Laws, Chapter 40C, as amended) and the Grafton Historic District By-law, application is hereby made for certification of the proposed exterior work or change to the structure within the Grafton Historic District.

Please check below those exterior features that will be altered:

\_\_\_\_\_ New construction                      \_\_\_\_\_ Replacement                      \_\_\_\_\_ Demolition

Alteration of one or more of the following *exterior* features (check all that apply):

_____ Awnings	_____ Chimney	_____ Lighting
_____ Door accessories	_____ Ornaments	_____ Trim/molding
_____ Fence and wall	_____ Gutter / downspout	_____ Monument
_____ Paint	_____ Porch / veranda	_____ Railing
_____ Roof accessories	_____ Roof	_____ Steps
_____ Sign	_____ Shutters / blinds	_____ Utilities
_____ Window	_____ Other _____	

**Description of Proposed Work:** Submit plot plans, site plan, architectural plans and specification of material as appropriate. When the proposed work includes relocation or demolition, provide plans and specifications for the restoration of the grounds.

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**Estimated Completion Date of Proposed Work:** \_\_\_\_\_

**Architect (if any):** \_\_\_\_\_

Address: \_\_\_\_\_

Town / City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

**General Contractor (if any):** \_\_\_\_\_

Address: \_\_\_\_\_

Town / City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

5. Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

6. Signature of Owner \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Conditions on Proposed Work:**

*(Completed by Grafton Historic District Commission)*

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**Application Approved** \_\_\_\_\_

**Application Disapproved** \_\_\_\_\_

*(Certificate expires 12 months from date of issue)*

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**Signature of Commission Chair** \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Commission Vice-Chair** \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Commission Clerk** \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Commission Member** \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Commission Member** \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Commission Member** \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Commission Member** \_\_\_\_\_ Date: \_\_\_\_\_

*(Completed by Grafton Historic District Commission)*