



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

**HISTORIC DISTRICT COMMISSION**

**Application for a Certificate of Hardship**

**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 and that the proposed work requires a significant financial hardship if appropriate standards are met.

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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**Brief Explanation of Hardship:** \_\_\_\_\_

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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)*