



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

**HISTORIC DISTRICT COMMISSION**

**Application for a Certificate of Non-Applicability**

**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 a Certificate of Non-Applicability within the Grafton Common Historic District. A Certificate of Non-Applicability is granted when the proposed work involves changes which are not subject to the Commission's control.

The following changes are examples of things not subject to control by the Commission:

- Ordinary maintenance, repair, or replacement of any exterior feature which does not involve a change in design, material color or outward appearance;
- Temporary signs or structures;
- Landscaping with plants, trees, or shrubs;
- Terraces, walks, driveways, and sidewalks.

**Description of Proposed Work:**

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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)*