



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

GRAFTON 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.

Brief Explanation of Hardship: _____

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)

Application Approved _____

Application Disapproved _____

(Certificate expires 12 months from date of issue)

Signature of Commission Chair _____ **Date:** _____

Signature of Commission Vice-Chair _____ **Date:** _____

Signature of Commission Clerk _____ **Date:** _____

Signature of Commission Member _____ **Date:** _____

(Completed by Grafton Historic District Commission)