

File # \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

**CHESAPEAKE CITY HISTORIC DISTRICT COMMISSION APPLICATION FOR PERMIT APPROVAL**

(Application must be received 7 days prior to meeting to be on meeting agenda)

PROPERTY ADDRESS \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ AGENT \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

OWNER'S PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

(If the agent is not owner, a signed letter of authorization from the owner MUST accompany the application)

Type of Exterior Change

Proposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Start Date \_\_\_\_\_ Estimated Completion Date \_\_\_\_\_

Applicant, or agent must be present when the application is heard. All absentee applications will be denied until the applicant or agent can appear.

Construction plans, materials lists and photographs of the property, visible from the public right of way MUST be attached.

\_\_\_\_\_  
Signature of owner /agent \_\_\_\_\_ Date \_\_\_\_\_

This application is approved this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chesapeake City Historic District Commission Chair \_\_\_\_\_ Date \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Lot \_\_\_\_\_ Zoned \_\_\_\_\_ Critical Area \_\_\_\_\_

P.O Box 205, Chesapeake City, Maryland 21915 (410)885-5298 Fax (410)885-2515

**THIS PERMIT WILL EXPIRE ONE YEAR AFTER APPROVAL DATE**