



TOWN OF EAST GREENWICH
Application for Historic District Commission Approval

Please print or type only. Completed applications and accompanying materials must be submitted to the Planning Department.

DATE: 3/27/21 ASSESSOR'S MAP: _____ PLAT: 1 LOT: 7

NAME OF APPLICANT: Glenn C. Carpenter

MAILING ADDRESS: 20 Bicknell Ave

E-MAIL ADDRESS: glennc@sellri.com

TELEPHONE NUMBER: HOME _____ - _____ WORK/CELL 401-524-6676

LOCATION OF BUILDING: 20 Bicknell Ave.

PROPOSED WORK: Replace wood trim, siding, windows. Restore front door.

OWNER OF BUILDING: Glenn C Carpenter

OWNER ADDRESS: 20 Bicknell Ave

OWNER TELEPHONE NUMBER: HOME _____ - _____ CELL 401-524-6676

NAME OF CONTRACTOR: Reviewing 2 proposals

CONTRACTOR TELEPHONE NUMBER: WORK _____

APPROVAL SOUGHT: (Check One) CONCEPTUAL _____ FINAL

WORK CATEGORY: (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Extension of Previous Approval | <input checked="" type="checkbox"/> Repair / Replace in Kind |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Partial Demolition |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Complete Demolition |
| <input type="checkbox"/> Minor Modification / Alterations | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Roofing |
| <input checked="" type="checkbox"/> Replace <u>Windows</u> / Doors | <input checked="" type="checkbox"/> Siding |
| <input type="checkbox"/> Modification of Final Plan | |

DESCRIBE THE WORK PROPOSED: (Attach additional sheets if necessary)

Replace windows with quality 6 over 6 design/wood
Restore front door + surround
Replace wood siding + trim with similar wood.

INCLUDED WITH THE APPLICATION: (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Floor plans |
| <input type="checkbox"/> Exterior Elevations | <input type="checkbox"/> Details / Specifications |
| <input type="checkbox"/> Catalogue Cuts / Product Literature | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Photographs | |

Please check any of the following which apply to this application:

- The application was filed in response to notice from the Town indicating that the proposed work activities must be done to bring the building up to code, etc.
- The applicant has received notice from the Town the work has proceeded at the property without the prior approval
- The applicant cannot attend the scheduled hearing, but an attorney, contractor, or other representative will appear on the applicant's behalf.
- The project also requires zoning relief.

IMPORTANT NOTE:

All decisions rendered by the Historic District Commission (HDC) may be appealed to the Zoning Board of Review. The HDC cannot render a final decision on any application which also requires zoning relief. Applicants may first appear before the HDC for conceptual review and return for final approval once zoning relief has been granted.

All applications for Certificates of Appropriateness must be found by the HDC to be consistent with its Standards for Review. The HDC bases these review criteria on the Secretary of the Interior's Standards for Rehabilitation. A copy of the Standards is found in the application package. Questions about any of these issues may be directed to the Planning Department.

SIGNATURE OF THE APPLICANT: _____

PRINT NAME OF APPLICANT: _____

PROPERTY OWNER'S SIGNATURE: _____

(If different from above.)

PRINT NAME OF OWNER: _____

Please note: If property owner is unable to sign the application, then a signed letter from said owner granting permission for the proposed improvements is required to be received in the Planning Department before the application is heard by the Commission.