



AMHERST Massachusetts

TOWN HALL • 4 BOLTWOOD AVENUE • AMHERST, MA 01002-2302

Local Historic District CERTIFICATE APPLICATION

For Office Use Only:

Application #: _____ Received by Planning Dept: _____
 Reference #: _____ Hearing Date: _____
 Fee Paid: \$ _____ Certificate Type: _____
 Book: _____ Page: _____ LHD Name: _____

APPLICANT INFORMATION:

Applicant: _____
 Address: _____

 Telephone: _____
 Email: _____

CONTRACTOR:

(if none, indicate who will complete the work)

Company: _____
 Telephone: _____
 Email: _____

ARCHITECT:

Company: _____
 Telephone: _____
 Email: _____

CERTIFICATE REQUESTED:

- Certificate of Non-applicability**, for work requiring a Building Permit but not requiring full Historic District Commission review for one of the following reasons:
 - alteration of exterior architectural feature(s) not visible from a public way
 - alteration is maintenance, repair, or replacement of one or more exterior architectural features not involving a change in design, material or outward appearance
 - other: _____
- Certificate of Appropriateness**, for work requiring a Building Permit or, if not requiring a Building Permit, involving the removal without replacement of an architectural feature
- Certificate of Hardship**

PROPERTY INFORMATION:

Property Address/Description:

 Map/Parcel: _____

PROPERTY OWNER:

(if different from applicant)

Address: _____

 Telephone: _____
 Email: _____

DATES OF PLANNED WORK:

Start: _____
 Completion: _____



WAIVER OF 60 DAY DETERMINATION REQUIREMENT

I, _____, as the applicant/owner or owner's
representative for the Local Historic District application for the property located at
_____, with Map/Parcel number _____

agree to extend the time for the Historic District Commission to make a determination on the
application beyond the 60 days from filing the application as required in Massachusetts General
Laws Chapter 40C, Section 11 and in Section H.5 of the Amherst Local Historic District Bylaw.

Signature

Date