

HISTORIC PRESERVATION COMMISSION

CITY OF DELAWARE CITY

407 Clinton Street – P.O. Box 4159

Delaware City, DE 19706-4159

(302) 834-4573 Fax (302) 832-5545

Date: _____

HISTORIC PRESERVATION COMMISSION MEETS THE 1ST TUESDAY OF EACH MONTH AT THE TOWN, AT 7:00 P.M., UNLESS OTHERWISE POSTED.

APPLICATION MUST BE SUBMITTED FIVE (5) BUSINESS DAYS PRIOR TO MEETING.

Parcel No.

Zoning: _____

Historic District Nomination No. N 6 3 3 3

Name of Applicant: _____

Name of Owner (If Different): _____

Address of Property: _____

Mailing Address: _____

Phone #: Daytime _____ Evening _____

This project is: Residential Commercial Mixed
 New Construction or Addition Remodeling or Other _____

Please list a brief description of what work is to be done: _____

Attach measured floor plan and elevation drawing(s) of building and proposed changes, measured site plan showing building(s) and property lines/set backs, and recent photograph(s) of building façade and side to be altered.

Historic Preservation Commission Use Only:

Plans Accepted as Submitted
 Accepted with Conditions: _____

Plans to be Changed and Resubmitted
 Other (Explain) _____

Chairman

Date