

**TOWN OF NEW MARKET  
APPLICATION FOR PROJECT REVIEW  
HISTORIC OVERLAY DISTRICT**

Review for:     Renovations, etc.             Demolition             New Construction

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Exact Location/Address of Property: \_\_\_\_\_

\_\_\_\_\_

Tax Map #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Approximate age of structure (if known): \_\_\_\_\_

Existing use of property: \_\_\_\_\_

Proposed use of property: \_\_\_\_\_

Type of construction of existing structure (including materials): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed exterior changes to existing structure or description of new construction (be specific: materials to be used, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach a sketch or survey plat showing the dimensions of the lot and all existing and proposed structures and their setbacks. You are encouraged to submit photographs of the property and any other additional materials that will assist in the review of this project.

I (we) do hereby request that this project be reviewed by the Historic Overlay District Review Board. I (we) understand that the Board's recommendations are advisory only. I (we) authorize the Town to go upon the property for the purpose of making site inspections.

Applicant(s) Signature: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

FOR TOWN USE:

Date Application Received: \_\_\_\_\_

Date Forwarded to Review Board: \_\_\_\_\_

Certificate of Appearance required prior to issuance of zoning permit?

Yes

No

\_\_\_\_\_  
Zoning Administrator's Signature

\_\_\_\_\_  
Date