

LOWELL HISTORIC BOARD



APPLICATION
for
HISTORIC PERMIT
or
CERTIFICATE OF NONAPPLICABILITY

DOWNTOWN LOWELL HISTORIC DISTRICT & ACRE NEIGHBORHOOD DISTRICT

I. **PROPERTY ADDRESS** _____ **DISTRICT** _____

II. **APPLICANT** _____

MAILING ADDRESS _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

PROPERTY OWNER _____

MAILING ADDRESS _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

ARCHITECT *(if applicable)* _____

MAILING ADDRESS _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

CONTRACTOR *(if applicable)* _____

MAILING ADDRESS _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

III. **DESCRIPTION OF PROPOSED WORK** *(This description provides the basis for the official notice and subsequent decision, and must clearly represent the entirety of the project. Use additional pages if necessary.)*

IV. **DOES THE PROPOSED WORK REQUIRE OTHER PERMITS OR APPROVALS** *(other than a building permit)? IF YES, INDICATE:* _____

V. **ESTIMATED COST OF PROPOSED WORK** _____ **ESTIMATED COMPLETION DATE** _____

VI. **DOCUMENTATION SUBMITTED** *(Incomplete applications will be returned)*

- PHOTOGRAPHS *(with labels)*
- SHOP DRAWINGS, SKETCHES
- MFGR's. LITERATURE, SPECS.
- BUILDING PLANS, ELEVATIONS, SECTIONS
- BLOCK PLAN
- SITE PLAN
- MATERIAL/COLOR SAMPLES

VII. **ARE YOU SEEKING/UTILIZING FINANCIAL ASSISTANCE/INCENTIVES FROM SOURCES OTHER THAN CONVENTIONAL FINANCING?** YES NO

- IF YES, WHICH? CITY OF LOWELL REVENUE BONDS
 NPS LOAN TAX CREDITS/DEPRECIATION
 LDFC
 OTHER _____

VIII. **AUTHORIZATION** *(Both signatures required)*

I hereby certify under penalties of perjury that I am the owner or record of the property for which this application is being filed and as such, I am familiar with the work proposed to be carried out on my property.

I hereby give permission for this application to be filed with the full understanding that certain restrictions may be placed on the property relative to the approval of the proposed work.

PROPERTY OWNER _____ DATE _____
 (If property is a condominium or cooperative, the chairman must sign)

APPLICANT _____ DATE _____

FEE SCHEDULE	
SIGNS	\$25.00
MINOR DEVELOPMENT (Never less than \$25 with a cap of \$1,000)	¼ OF 1% OF TOTAL PROJECT COST
MAJOR DEVELOPMENT (Never less than \$50 with a cap of \$2,000)	½ OF 1% OF TOTAL PROJECT COST
NON-PROFIT ORGANIZATIONS 50% of above but never less than minimums noted above	

**PLEASE MAKE CHECKS PAYABLE TO
 “CITY OF LOWELL”**

SUBMIT APPLICATIONS IN PERSON
 OR BY MAIL TO:

LOWELL HISTORIC BOARD
 LOWELL CITY HALL
 375 MERRIMACK STREET
 LOWELL, MA 01852
 (978) 674-1443
 (978) 446-7103 FAX
 sstowell@lowellma.gov
 www.historiclowell.net

FOR OFFICIAL USE ONLY:

APPLICATION# _____

DATE RECEIVED _____

FEE PAID _____

HEARING DATE _____

ALTERATIONS: MAJOR NONAPPLICABILITY
 MINOR

