



**City of Newburyport
Fruit Street Historic District Commission**

Application for a Certificate of Appropriateness
<http://www.cityofnewburyport.com/Planning/FruitStPage.html>

FOR OFFICE USE ONLY:
Case #: _____
\$25 Fee Rec'd: _____
Time Stamp:

RECEIVED
DEC 14 2020

Newburyport Planning Dept.

Please provide the information requested below, attach supporting documents, and **return six (6) copies of the application and supporting documents, and a \$25 application fee to the City of Newburyport at the Planning Office.** Formal review will commence after this completed certificate application has been submitted along with the information requested below to the Fruit Street Historic District Commission (FSHDC).

Within sixty (60) days from its receipt of a completed Certificate Application (unless the applicant agrees, in writing, to extend such time period), the Commission shall act upon the application.

1. Property Address: 14 Fruit St.
Tax Map/Lot: Parcel ID 014-003-000

2. Applicant Name: James Lagarde
Address: 79 State St Newburyport MA.
Daytime Phone: 978 462 7434
Email (optional): _____

Owner Name/Address/Contact Info (if different from Applicant):
Owner Name: SAME -
Address: _____
Daytime Phone: _____
Email (optional): _____

3. Nature of the Proposed Work (Please check all that apply):
- | | | |
|---|---|---|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Repair Porch/Portico/Steps | <input type="checkbox"/> Skylights |
| <input type="checkbox"/> New/Repair Windows/ Shutters | <input type="checkbox"/> Roofing/Gutters | <input type="checkbox"/> Chimney |
| <input type="checkbox"/> New/Repair Siding | <input type="checkbox"/> Fencing | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> New/Repair Doors | <input type="checkbox"/> Parking Area/Walkways | <input checked="" type="checkbox"/> Other <u>remove plastic trellis</u> |

4. Proposed Work: Please describe your proposed work as simply and as accurately as possible – you may use an additional sheet if needed. Include any information you think will be helpful to the commission in considering this application.


remove broken plastic trellis

5. PLEASE ATTACH THE FOLLOWING SUPPORTING DOCUMENTS:

- Site or Plot Plan
- Photos of Existing Building
- Proposed Materials/Color Samples
- Manufacturer's Specification Sheets (if applicable)

Building Plans & Elevations (if applicable) showing:

- | | | |
|--|---|---|
| <input type="checkbox"/> Front Elevation | <input type="checkbox"/> Side Elevation | <input type="checkbox"/> Rear Elevation |
| <input type="checkbox"/> Eaves/cornices | <input type="checkbox"/> Windows/Doors | <input type="checkbox"/> Trim Detail |
| <input type="checkbox"/> Porch | <input type="checkbox"/> Steps/railing | <input type="checkbox"/> Fence/Wall |
| <input type="checkbox"/> Other: _____ | | |

 **Note: All drawings should be to scale with dimensions noted. Please label all materials proposed – e.g. wood clapboard, brick, asphalt roof shingles, etc.**

The information requested in this form has been completed and attachments provided, as indicated above. A written explanation has been provided for any missing information.

Signature of Applicant *Juanita Lopez* Date *11/23/20*

Signature of Property Owner *Mrs Lopez* Date *11/23/20*

RETURN (6) COPIES OF THE APPLICATION AND SUPPORTING DOCUMENTS TO THE PLANNING OFFICE IN CITY HALL

The Fruit Street Historic Commission meets as required, and monthly on the 2nd Thursday of the month at 7:00pm. You will be notified when your application will be placed on the Commission's agenda.

