



70 Tapley Street Springfield, MA 01104 (413) 787-6020 (office) (413) 787-6524 (fax)

APPLICATION CHECKLIST

Property Address:					
Incomplete application will <u>NOT</u> be accepted and scheduled. A com	plete and valid application <u>MUST</u> contain the following information:				
1) The type of Certificate the petitioner is seeking must be inc	dicated (see Page 1);				
2) The property owner's signature must appear on the applica					
3) Relevant and applicable PHOTOGRAPHS, MATERIALS and	PLANS specified on the Application				
<u>CHECKLIST</u>					
APPLICATION					
Please complete the attached application ar	nd Provide Additional Pages if Needed .				
PICTURES OF EXISTING CONDITIONS					
	roject area's current condition. For example, should the project otograph of what the current windows looks like.				
RENDERING OF PROPOSED PROJECT UPON CO	MPLETION				
siding, windows, doors, solar powered pan uct details from the manufacturer and/or so	ject will look like upon completion. For some products, such as els, HVAC systems (including heat pumps), this may include produce or a brochure. For paint color-related projects, a sample of on, renderings from an architect are required.				
PRODUCT SPECIFICATIONS					
tems, etc.) to be utilized during the project	cts (e.g. doors, windows, siding, solar powered panels, HVAC system of the manufacturer and/or store, or a brothysical samples of the product to the meeting date.				
LETTER OF AUTHORIZATION	LETTER OF AUTHORIZATION				
If the landowner is unable to attend the he sentative to speak on their behalf about the	aring, correspondence shall be submitted that authorizes a repre- e application.				
For more information, visit the City's website: www.springfield-n	na.gov/planning/historic-comm or call the Office: (413) 787-6020.				
Office (USE ONLY				
LOCAL HISTORIC DISTRICT:	DECISION:				
DATE RECEIVED:	DECISION DATE:				
HEARING DATE:	DATE DISCUSSED (NO HEARING):				
DATE NOTICE POSTED:	WAIVED BY COMMISSION:				
DATE NOTICE MAILED: WAIVED BY ABUTTERS:					





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APPLICATION INFORMATION

PROPERTY ADDRESS:

1. WHAT DOES HISTORIC STATUS MEAN?

Properties within a Local Historic District are architecturally protected by the Springfield Historical Commission. Any exterior architectural feature that is visible from the public street or park is protected. Therefore, prior to any exterior change, approval by the Springfield Historical Commission must be obtained.

2. What is the process for obtaining approval by the Springfield Historical Commission?

- a. To determine if the Springfield Historical Commission must review an application, contact the City's Office of Planning & Economic Development at (413) 787-6020 and ask for the Staff member who oversees the Historical Commission. The Staff Member will determine if review is required.
- b. If the proposed project is subject to review, an "Application for a Certificate" must be submitted prior to the commencement of any project.
- c. Fill out the attached application and submit it to the City's Office of Planning & Economic Development along with any supporting information (as requested in this application).
- d. Upon receipt of a complete application (the application itself and the necessary supporting documents), Staff will schedule a public hearing with the Springfield Historical Commission to discuss the proposed project. Notice of the public hearing will be sent by mail to the abutting neighbors at least fourteen (14) days in advance of the hearing. For most applications, the Commission has sixty (60) days from receipt of the application to render a decision. Failure to issue a decision within the requisite time period will result in the application being automatically granted.

3. What information is required to ensure the application is complete?

- a. The address of the property subject to the application shall be clearly provided;
- b. The name of the property owner;
- c. The address of the property owner (if different);
- d. The type of application being requested (see Page I)
- e. A written description of the project and the relevant section of this application completed.

Note: Incomplete applications will not be processed by the Office of Planning & Economic Development.

4. WHAT OTHER INFORMATION IS REQUIRED FOR AN APPLICATION?

- a. Drawings for alterations and/or additions to existing structures, or for new constructions. Drawings shall be plans or elevations drawn to scale with sufficient details to show the architectural design of buildings, including proposed materials, textures and colors. Sample of materials or colors, and the plot plan or site layout, indicating all improvements affecting appearances such as walls, walks, terraces, plantings, accessory buildings, signs, lights and other elements, shall also be included.
- b. Photographs required with application to demolish existing structures. Applicant shall submit photographs showing all sides of the property and contiguous properties on ether side and across the street.
- c. Photographs required with applications for new construction. Applicant shall submit photographs of adjoining properties on either side and across the street.
- d. Photographs required with application for repair, alterations, and/or additions to existing structures. Applicant shall submit photographs of all sides of the structure to be affected by proposed action.
- e. Sample of materials and designs (e.g. brochures, specification sheets, physical samples, etc.)
- f. If applying under for a Certificate of Hardship, the applicant shall submit sufficient materials to support the hardship claim. Photographs, financial records, and health records are some suggested supporting materials.
- g. Requests for demolition under a Certificate of Hardship must be accompanied by a contract line item estimate for demolition and a contractor line item estimate for rehabilitation.





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APPLICATION TYPE

ROPERTY ADD	RESS:
APPLICAT	ION TYPE
	CERTIFICATE OF APPROPRIATENESS Select this type of application for those changes that are in conformance with the guidelines and/or acceptable for the particular Local Historic District.
	CERTIFICATE OF HARDSHIP Select this type of application for those changes that are not appropriate with the underlying District guidelines, but which are necessary due to economic, physical, social, or other special conditions that apply to the individual property, but do not apply to the overall underlying District.
	CERTIFICATE OF NON-APPLICABILITY Select this type of application for those changes that affect features not controlled by the Commission (e.g. work that involves no change in materials, design or dimensions).
	ENVIRONMENTAL REVIEW (I.E. REVIEW OF A STRUCURE IN A NATIONAL REGISTER DISTRICT/INDIVIDUAL BUILDING) Select this type of application for those changes that affect a structure in a National Register District, or a structure that is listed as a National Register Individual Building, that utilizes public funding (local, State, or federal). If the structure is both within a National Register District/Individual Building and a Local Historic District, select one of the application types above (Appropriateness, Hardship, Non-Applicability). If the structure contains a Preservation Restriction and is located within a National Register District/Individual Building, select the Preservation Agreement application type below.
	PRESERVATION AGREEMENT Selection this type of application if the structure contains a Preservation Restriction.
	PRESERVATION OF HISTORICALLY SIGNIFCANT BUILDINGS (DEMO DELAY) Select this type of application if the structure is more than 75 years old and are requesting that the nine (9) month demo delay restriction be lifted in order to commence demolition immediately.
	MUNICIPAL PROTOCOL Select this type of application if the structure relates to a municipally (City of Springfield) owned property, and the project will be facilitated by the municipality (City of Springfield).
	Section 106 Review Select this type of application if the project is being submitted in accordance with Section 106.

Recourse: If a petitioner disagrees with a ruling by the Commission, he or she may, within twenty (20) days after filing the notice of such ruling with the City Clerk, appeal to the Superior Court or Housing Court, if applicable. On the other hand, the Historical Commission may, through Superior Court (or Housing Court), seek an injunction against any violation with a historic district's guidelines/standards. The Court may order the removal of any such violation, or the restoration of any building or feature altered or demolition in violation of a historic district's standards. Persons found guilty of any violations may be fined not less than ten dollars (\$10.00) or no more than five hundred dollars (\$500.00)





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APPLICATION FOR CERTIFICATE

PROPERTY ADDRESS:	CHECK BOX IF THE				
PROPERTY OWNER:	PETITIONER REQUIRES AN INTERPRETER				
OWNER ADDRESS: Check box if same as property address					
OWNER PHONE NUMBER:	REPRESENTATIVE	CONTRACTOR NAME:			
OWNER EMAIL ADDRESS:	REPRESENTATIVE	E/CONTRACTOR PHONE NUMBER:			
PROPERTY CODE:	REPRESENTATIVE	E/CONTRACTOR I	ONTRACTOR EMAIL ADDRESS:		
JUSTIFICATION FOR CERTIFICATE OF HARDSHIP (IF APPLICABLE) (PAGE IF NEEDED): Check box if property owner will be in attendance at the hearing. If r to present the application is required.		Pair Ren Page New Oth	Construction (all of the above) er Projects (see Page 9):		
PROPERTY OWNER'S SIGNATURE	D	ATE			

	WINE	oows				
Check box indicating that you are sub	Check box indicating that you are submitting an order sheet with renderings/brochure of the proposed windows.					
Check box indicating that you are sub	omitting photographs	of the existing windows	S			
Check box indicating that you are aw	are of the City's Wind	ow Guidelines (click <u>he</u>	re).			
Will the Dimensions of the Windows Chang	e: 🛮 Yes (Please P	rovide Details Below U	nder Additional Information)	□ No		
PLEASE PROVIDE DETAILS ABOUT THE CONI	DITIONS OF THE CURR	ENT WINDOWS:				
PLEASE PROVIDE THE REASON FOR WANTIN	G TO REPLACE THE W	'INDOWS:				
NUMBER OF WINDOWS TO BE REPLACED/A	DDED:					
NEW WINDOW MANUFACTURER:			_			
MODEL NUMBER(S):						
	Exis	TING	PROPOSED			
MATERIAL (e.g. wood, vinyl, aluminum, etc):						
EXTERNAL COLOR(S) (e.g. black, white, etc):						
GRID PLACEMENT (Interior or Exterior):	GRID PLACEMENT (Interior or Exterior):					
GRID PATTERN (e.g. two-over-two; six-over-one, etc):						
WINDOW STYLE(s) (e.g. double-hung, etc):						
GLASS TYPE(S) (e.g. single-pane, double-pane, etc):						
ADDITIONAL INFOMRATION:						

	DO	ORS			
Check box indicating that you are submitting an order sheet with renderings/brochure of the proposed door(s).					
Check box indicating that you are submitting photographs of the existing door(s).					
Will the Dimensions of the Door(s) Change:	Yes (Please P	rovide Details Below L	Inder Additional Information)	□ No	
PLEASE PROVIDE DETAILS ABOUT THE CON	DITIONS OF THE CURR	RENT DOOR(S):			
PLEASE PROVIDE THE REASON FOR WANTIN					
TELESE PROVIDE THE REASON FOR WANTIN	IN TO REFERENCE THE B	OON(3).			
		Τ			
NUMBER OF DOOR(S) TO BE REPLACED/AD	DED:				
New Door Manufacturer:					
MODEL NUMBER(s):					
	Exis	TING	PROPOSED		
MATERIAL (e.g. steel, fiberglass, etc):					
EXTERNAL COLOR(S) (e.g. black, white, etc):					
DOOR STYLE(S) (e.g. colonial, etc):					
PANEL PATTERN (e.g. single; two panel, etc):					
GLASS PLACEMENT:					
GLASS TYPE(S) (e.g. single-pane, double-pane, etc):					
Additional Infomration:					

	SIC	DING				
Check box indicating that you are submitting an order sheet with renderings of the proposed siding.						
Check box indicating that you are submitting photographs of the existing siding.						
NEW SIDING MANUFACTURER:						
MODEL NUMBER(S):						
BUILDING SIDE(S) FOR PROPOSED SIDING:						
	Exis	STING	Proposed			
MATERIAL (e.g. wood, stucco, brick, non-wood shingle):						
SIDING PATTERN (e.g. clapboard, bevel etc):						
WINDOW CASING DIMENSIONS:						
DOOR CASING DIMENSIONS:						
CORNER BOARD DIMENSIONS:						
CORNICES DIMENSIONS:						
FRIEZE BOARD DIMENSIONS:						
SHUTTER DIMENSIONS:						
PLEASE PROVIDE DETAILS ABOUT THE CONDITIONS OF THE EXISTING SIDING:						
PLEASE PROVIDE THE REASON FOR WANTING	TO REPLACE THE S	DING:				
Additional Infomration:						

	ROOI	ING				
Check box indicating that you are sub	mitting an order sheet	with rend	erings of the proposed roofing.			
Check box indicating that you are submitting photographs of the existing roofing.						
	Exist	ING	Proposed			
ROOF STYLE (e.g. gable, hip, mansard, etc):						
MATERIAL (e.g. asphalt shingle, slate, clay tile, etc):						
PLEASE PROVIDE DETAILS ABOUT THE CONE	DITIONS OF THE EXISTI	NG ROOFI	NG:			
B B W						
PLEASE PROVIDE THE REASON FOR WANTING	G TO REPLACE THE RO	OFING:				
Additional Infomration:						
_						
	SOL	AR				
WILL THE MATERIAL OF THE ROOF BE CHAI			YES (PLEASE PROVIDE MORE INFO ABOVE)			
THIS PROJECT?			No			
Check box indicating that you are sub	mitting plans of the pro	oposed so	lar project.			
Check box indicating that you are sub	mitting photographs o	f the exist	ing roofing.			
ROOF MATERIAL (e.g. asphalt shingle, slate, clay tile, e	etc):					
NUMBER OF SOLAR POWERED PANELS:						
SOLAR MANUFACTURER:						
LOCATION OF SOLAR POWERED PANELS (e.g.	north side of roof):					
LOCATION OF MAIN SERVICE PANEL & MET	ER (e.g. rear of building):					
LOCATION OF OTHER ELECTRICAL COMPONE	NTS (e.g. rear of building):					
LOCATION OF CONDUIT (e.g. side of building, inside	e the house):					
PROPOSED COLOR OF CONDUIT (e.g. silver, sam	ne as house):					

SIGNS						
Check box indicating that you are submitting an order sheet with renderings of the proposed sign(s).						
Check box indicating that you are submitting photographs of the existing sign(s).						
APPLICATION TYPE:	REPLACEMENT S	IGN		New Sign		
ILLUMINATION:	Non-Illumina	ΓED		ILLUMINATED		
NUMBER OF SIGNS TO BE REPLACED/ADDED:						
SIGN MANUFACTURER:						
	Exis	TING			PROPOSED	
MATERIAL (e.g. wood, vinyl, aluminum, etc):						
COLOR(S) (e.g. black, white, etc):						
DIMENSIONS:						
PLEASE PROVIDE DETAILS ABOUT THE CONDITION	PLEASE PROVIDE DETAILS ABOUT THE CONDITIONS OF THE EXISTING SIGN:					
Please Provide the Reason for Wanting to Replace the Sign (e.g. Deterioration, New Business, etc.):						
Additional Infomration:						
	HEAT	PUMPS				
Check box indicating that you are submitting	ng plans of the p	roposed heat	pump pr	oject.		
Check box indicating that you are submitting photographs of the existing conditions of the applicable building side(s).						
SIDING MATERIAL (e.g. wood, vinyl, brick, etc):						
HEAT PUMP MANUFACTURER:						
NUMBER OF COMPRESSOR UNITS:						
LOCATION OF COMPRESSOR UNITS (e.g. rear side of b	uilding) :					
LOCATION OF OTHER ELECTRICAL COMPONENTS (e.	g. rear of building):					
LOCATION OF CONDUIT (e.g. side of building, inside the he	ouse):					
PROPOSED COLOR OF CONDUIT (e.g. silver, same as house):						

PAINT							
Check box indicating that you are submitting samples of the proposed paint color(s).							
Check box indicating that you are submitting photographs of the existing conditions (existing color(s)).							
BUILDING SIDE(S) WITH NEW PAINT COLOR	R:						
PAINTING OF OTHER STRUCTURES (e.g. porch,	PAINTING OF OTHER STRUCTURES (e.g. porch, deck, sunroom, etc):						
	Exis	TING		Proposed			
COLORS:							
_				_			
	DENOV	ATIONG					
FOR ANY RENOVATIONS INVOLVING MODIFIC		ATIONS	DING BOO	SEING OR BAINT BLEACE FILL OUT THOSE			
FOR ANY RENOVATIONS INVOLVING MODIFIC SECTIONS OF THIS APPLICATION (PAGES 2 A		DOORS, SIL	JING, ROO	FING OR PAINT, PLEASE FILL OUT THOSE			
Check box indicating that you are sub	omitting brochures and	l/or renderin	ngs of the p	proposed renovation(s).			
Check box indicating that you are sub	omitting photographs o	of the existin	ng conditio	ns (existing colors).			
STRUCTURE BEING RENOVATION (e.g. front po	rch, side porch, etc.):						
WILL THERE BE RENOVATIONS TO RAILINGS,	FLOORING, CEIL-	Yes (Please Provide More Info Below)					
ING:, BALLASTERS, PILLARS, STEPS?			No				
Existing Conditions/Desci	RIPTION		P	PROPOSED RENOVATIONS			
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OTHER PROJECTS	
Existing Conditions/Description	
Proposed Conditions/Description	