

CITY OF METHUEN
METHUEN HISTORIC DISTRICT COMMISSION
SEARLES BUILDING, SUITE 217
41 PLEASANT STREET
METHUEN, MA 01844
(978) 983-8560 / Fax (978) 983-8976

RECEIVED
CITY OF METHUEN
HISTORIC DISTRICT COMMISSION
OFFICE
2023 SEP 11 PM 12:00

APPLICATION FOR CERTIFICATE

Please refer to the official Historic District Commission meeting schedule for meeting dates (typically held the fourth Thursday of the month) and their associated submission deadlines.

Please submit the following, to the Department of Economic and Community Development, 41 Pleasant Street, Suite 217 by the appropriate submission deadline:

- A **\$25.00 application fee** in the form of a check payable to "City of Methuen"
- **One original and ten (10) copies—ELEVEN (11) TOTAL** of:

- The completed application.
- Secured to each copy of the application: Photographs, material and color samples, manufacturer's illustrations, plans and elevations, shop drawings, site or plot plan, and any other applicable exhibits needed to best inform Commissioners of your proposed actions. **Sign applications** must include dimensions, accurate color samples (paint chips), materials, location, method of display, an image of the proposed sign at an appropriate scale in its proposed location, and an image of any existing signs. Note whether the sign is new or replaces an existing sign.

Applications will not be accepted if incomplete, missing copies, or with unpaid fees.

- If your application requires a public hearing (please inquire at the Department of Economic and Community Development), your application must also include:
 - A certified Historic District Commission abutter's list, obtained from the Assessor's office in Suite 103, 978-983-8530 (**\$35.00** to City of Methuen).
 - Self-address, stamped envelopes, for each of the abutters and the applicant. If the City of Methuen, 41 Pleasant Street is listed as an abutter, no stamp is required on the addressed envelope. **DO NOT INCLUDE A RETURN ADDRESS.**

Applicants, or their representatives, are expected to be present at the meeting during which their application is discussed. Otherwise, the application is subject to removal from the agenda. Application decisions may require more than one meeting.

If any change in use of occupancy or location, or increase in square footage, height, or enclosed space (including garages) is proposed, certification that a **ZONING VARIANCE** has been issued by the Methuen Zoning Board of Appeals is required. The Commission will NOT hold a hearing on the Application before that certification is issued.

Name of Applicant/Contact: Donald W. Morin (978)423-7677

Site Location of Application: 5 charles st methuen

Business Name (or N/A): Mannny's Construction

Applicant Mailing Address: 40 oak st lowell MA

City, State, Zip: lowell MA 01852

Telephone/Fax #'s: 603-800-7663 /

E-mail: office@mannysroofing.com

Check type of Certificate applying for:

CERTIFICATE OF APPROPRIATENESS for work described and exhibits filed.

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CERTIFICATE OF NON-APPLICABILITY for the following reason(s):

- Not visible from public street, way, place or body of water
 - Reconstruction similar to original following fire or other disaster
 - Maintenance, repair, or replacement, using same design, materials, colors
 - No architectural features involved
 - Proposed work complies with guidelines
 - Other

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CERTIFICATE OF HARDSHIP, financial or otherwise described herein and not a substantial derogation from intent and purposes of law.

DESCRIPTION OF PROPOSED WORK. Proposed project and current site conditions:

We are going to strip all of the current shingles on the roof down to bare wood and install ownes corning total roofing system using the following ice and water; weatherlock proarmor synthetic underlayment, and truedefinition duration shingles.

Proposed Start Date:

TBD: once permit is in hand

Proposed Completion Date: by end of month

Name of Contractor:

Donald W. morin

Contact Person:

Donald w. morin

Address:

20 dinley st

City State Zip:

dracut ma 01826

License #:

cs-103317

Telephone/Fax #'s:

978-703-3167

E-mail:

Name of Architect: n/a
Contact Person: n/a
Address: n/a
City, State, Zip: n/a
Mass. Reg. #: n/a
Telephone/Fax #'s: n/a /
E-mail: n/a

DOCUMENTATION ATTACHED:

- YES Photographs
 YES Materials and/or Color Samples
 Manufacturer's Illustration
 Plans and Elevations
 Shop Drawing(s)
 Site or Plot Plan
 Abutters List
 Stamped envelopes, pre-addressed to abutters
 Other

Failure to submit the appropriate materials, substantial information, and/or application fee will result in rejection of this application as incomplete.

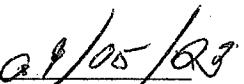
CERTIFICATION:

The applicant hereby certifies that this application is complete and accurate, to the best of his/her knowledge, and that no material misrepresentation is made herein.

Applicant(s):



Signature(s)

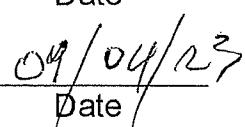


Date

Contractor:



Signature



Date











