

ORIGINAL
23-20

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
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METHUEN, MA
2023 AUG 31 P 1:25

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:

STERGIOS PAPADOPOULOS 508 265 9828

Site Location of Application:

2102-2164-2166 Broadway Methuen MA

Business Name (or N/A):

Dilymaria VI

Applicant Mailing Address:

394 No Main St, Andover MA 01810

City, State, Zip:

01810

Telephone/Fax #'s:

508 265 9828 /

E-mail:

STERGIOS.TPO@GMAIL.COM

Check type of Certificate applying for:

☐ **CERTIFICATE OF APPROPRIATENESS** for work described and exhibits filed.

☒ **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

☐ **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:

Repair SIGNS
I will Remove the previous owners TEL
and name on sign and install my name with sign
with the dimensions I provide you.
colors are Burgundy and white, as shown on sign, pgs

OMEGA SIGN
860 BOSTON MA 01821

Proposed Start Date: TBD - Proposed Completion Date: TBD
Name of Contractor: OMEGA SIGNS
Contact Person: Takis
Address: 85 RANDEWAY RD NO BILLERICA MA
City, State, Zip: NO BILLERICA MA 01862
License #: _____
Telephone/Fax #'s: 978 071 0019
E-mail: TAKIS1@COMCAST.NET

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

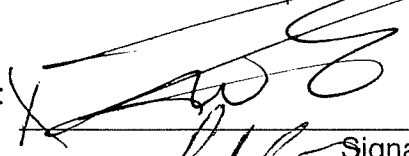
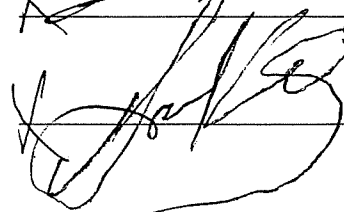
DOCUMENTATION ATTACHED:

- _____ Photographs
- _____ 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.

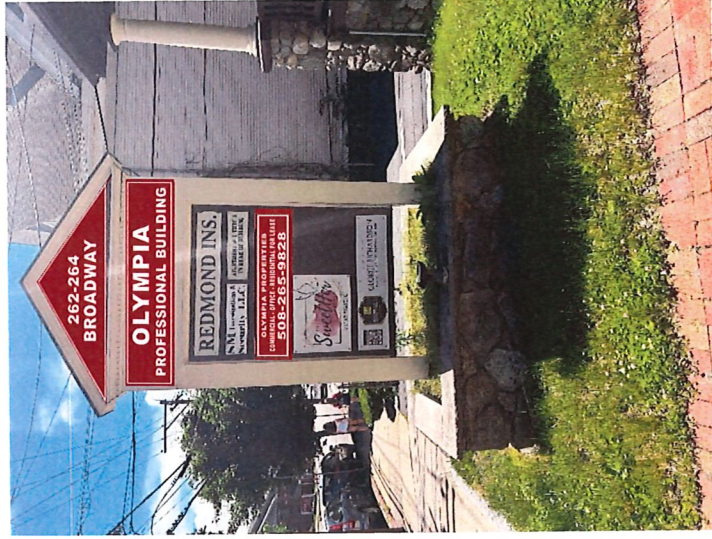
Applicant(s):  _____
Signature(s) _____ Date _____
Contractor:  _____
Signature _____ Date 8/24/23

12" 44"

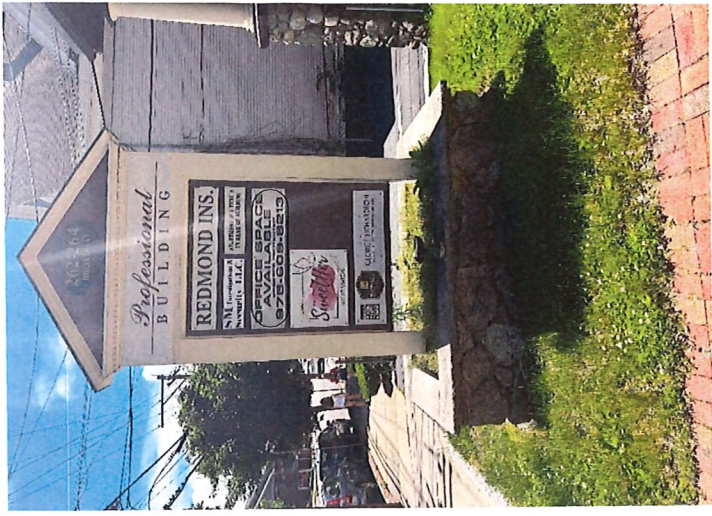
OLYMPIA PROPERTIES
 COMMERCIAL - OFFICE - RESIDENTIAL FOR LEASE
508-265-9828

**262-264
 BROADWAY** 3.5"x24" 4"x 31"

OLYMPIA 5"x36"
 PROFESSIONAL BUILDING 3"x58"



proposed sign



existing sign