



Historic District Commission

Cranston City Hall
869 Park Avenue, Cranston, Rhode Island 02910

APPLICATION FOR REVIEW OF PROPOSED WORK

Attach to Completed Building Department Application

1. LOCAL DISTRICT NAME: _____

2. PROPERTY ADDRESS: _____

3. PLAT # _____ LOT # _____

4. OWNER/APPLICANT NAME: _____

ADDRESS: _____

PHONE #: (____) _____ - _____

5. A. DESIGNER'S NAME (*if any*): _____

ADDRESS: _____

PHONE #: (____) _____ - _____

B. CONTRACTOR'S NAME (*if any*): _____

ADDRESS: _____

PHONE #: (____) _____ - _____

6. WORK CATEGORY (*Please check all that apply*):

_____ New Structure(s)

_____ Partial Demolition of Structure(s)

_____ Addition to Structure(s)

_____ Total Demolition of Structure(s)

_____ Remodeling of Structure(s)

_____ Sign(s) or Landscaping Features

7. DESCRIPTION OF PROPOSED WORK:

8. INCLUDED WITH THE APPLICATION (*Check all that apply*):

A. *PHOTOGRAPHS:*

_____ Overall view of the property from street(s)

_____ Overall views of building(s)

_____ Existing details to be altered by work

B. *DRAWINGS / RENDERINGS:*

_____ Site Plan (Drawn to Scale)

_____ Floor Plan(s) (Drawn to Scale)

_____ Overall views of building(s)

_____ Details

C. *OTHER:*

_____ Additional Renderings

_____ Catalog Cuts

_____ Other Specifications

_____ Other (*Identify Below*)

Other: _____

9. SIGNATURES

Applicant's Name (printed) *Applicant's Signature*

Date: _____

Contact Person if other than Applicant:

Name (printed) (____) _____ - _____
Phone #

FOR USE BY THE BUILDING OFFICIAL'S OFFICE ONLY

Received By (printed) *Received by Signature*

Date: _____

FOR USE BY THE HISTORIC DISTRICT COMMISSION ONLY

Received By (printed) *Received by Signature*

Date: _____