

Application to the HISTORIC DISTRICT COMMISSION, Nantucket, Massachusetts, for a

CERTIFICATE OF APPROPRIATENESS

for structural work.

All blanks must be filled in using BLUE OR BLACK INK (no pencil) or marked N/A.

NOTE: It is strongly recommended that the applicant be familiar with the HDC guidelines, *Building with Nantucket in Mind*, prior to submittal of application. Please see other side for submittal requirements. Incomplete applications will not be reviewed by the HDC.

This is a contractual agreement and must be filled out in ink. An application is hereby made for issuance of a Certificate of Appropriateness under Chapter 395 of the Acts and Resolves of Mass., 1970, for proposed work as described herein and on plans, drawings and photographs accompanying this application and made a part hereof by reference.

The certificate is valid for three years from date of issuance. No structure may differ from the approved application. Violation may impede issuance of Certificate of Occupancy.

PROPERTY DESCRIPTION

TAX MAP N°: 82 PARCEL N°: 79
Street & Number of Proposed Work: 8 Wall St
Owner of record: James F & Maureen A. Crowley
Mailing Address: 336 Windhill Rd
Manchester Center, VT 05255
Contact Phone #: 978-621-4223 E-mail: mcrowleg1115@gmail.com

AGENT INFORMATION (if applicable)

Name: Paulo Vicente, AIA
Mailing Address: 200 Carter Henry Dr.
Fairfield, CT 06424
Contact Phone #: 203 319 9571 E-mail: p.vicente@vbarcitect.com

FOR OFFICE USE ONLY

Date application received: _____ Fee Paid: \$ _____
Must be acted on by: _____
Extended to: _____
Approved: _____ Disapproved: _____
Chairman: _____
Member: _____
Member: _____
Member: _____
Member: _____
Notes - Comments - Restrictions - Conditions

DESCRIPTION OF WORK TO BE PERFORMED

See reverse for required documentation.

- New Dwelling Addition Garage Driveway/Apron Commercial Historical Renovation Deck/Patio Steps Shed
 - Color Change Fence Gate Hardscaping Move Building Demolition Revisions to previous Cert. No. _____
 - Pool (Zoning District _____) Roof Other _____
- Size of Structure or Addition: Length: _____ Sq. Footage 1st floor: _____ Decks/Patio: Size: _____ 1st floor 2nd floor
Width: _____ Sq. footage 2nd floor: _____ Size: _____ 1st floor 2nd floor
Sq. footage 3rd floor: _____

Difference between existing grade and proposed finish grade: North _____ South _____ East _____ West _____
Height of ridge above final finish grade: North _____ South _____ East _____ West _____

Additional Remarks

Historic Name: _____
Original Date: _____ (describe)
Original Builder: _____
Is there an HDC survey form for this building attached? Yes N/A

- REVISIONS:**
1. East Elevation
 2. South Elevation
 3. West Elevation
 4. North Elevation

*Cloud on drawings and submit photographs of existing elevations.

DETAIL OF WORK TO BE PERFORMED

Foundation: Height Exposed _____ Block Block Parged Brick (type) _____ Poured Concrete Piers

Masonry Chimney: Block Parged Brick (type) _____ Other _____

Roof Pitch: Main Mass _____/12 Secondary Mass _____/12 Dormer _____/12 Other _____

Roofing material: Asphalt: 3-Tab Architectural
 Wood (Type: Red Cedar, White Cedar, Shakes, etc.) _____

Skylights (flat only): Manufacturer _____ Rough Opening _____ Size _____ Location _____
Manufacturer _____ Rough Opening _____ Size _____ Location _____

Gutters: Wood Aluminum Copper Leaders (material) _____

Leaders (material and size): _____

Sidewall: White cedar shingles _____ Clapboard (exposure: _____ inches) Front Side
 Other _____

Trim: A. Wood Pine Redwood Cedar Other _____
B. Treatment Paint Natural to weather Other _____
C. Dimensions: Fascia _____ Rake _____ Soffit (Overhang) _____ Corner boards _____ Frieze _____
Window Casing _____ Door Frame _____ Columns/Posts: Round _____ Square _____

Windows*: Double Hung Casement All Wood Other _____
 True Divided Lights (muntins), single pane SDL's (Simulated Divided Lights) Manufacturer _____

Doors* (type and material): TDL SDL Front _____ Rear _____ Side _____
Garage Door(s): Type _____ Material _____

Hardscape materials: Driveways shells - crushed Walkways shells - crushed Walls _____

Fence: Height: _____
Type: _____
Length: _____

* Note: Complete door and window schedules are required.

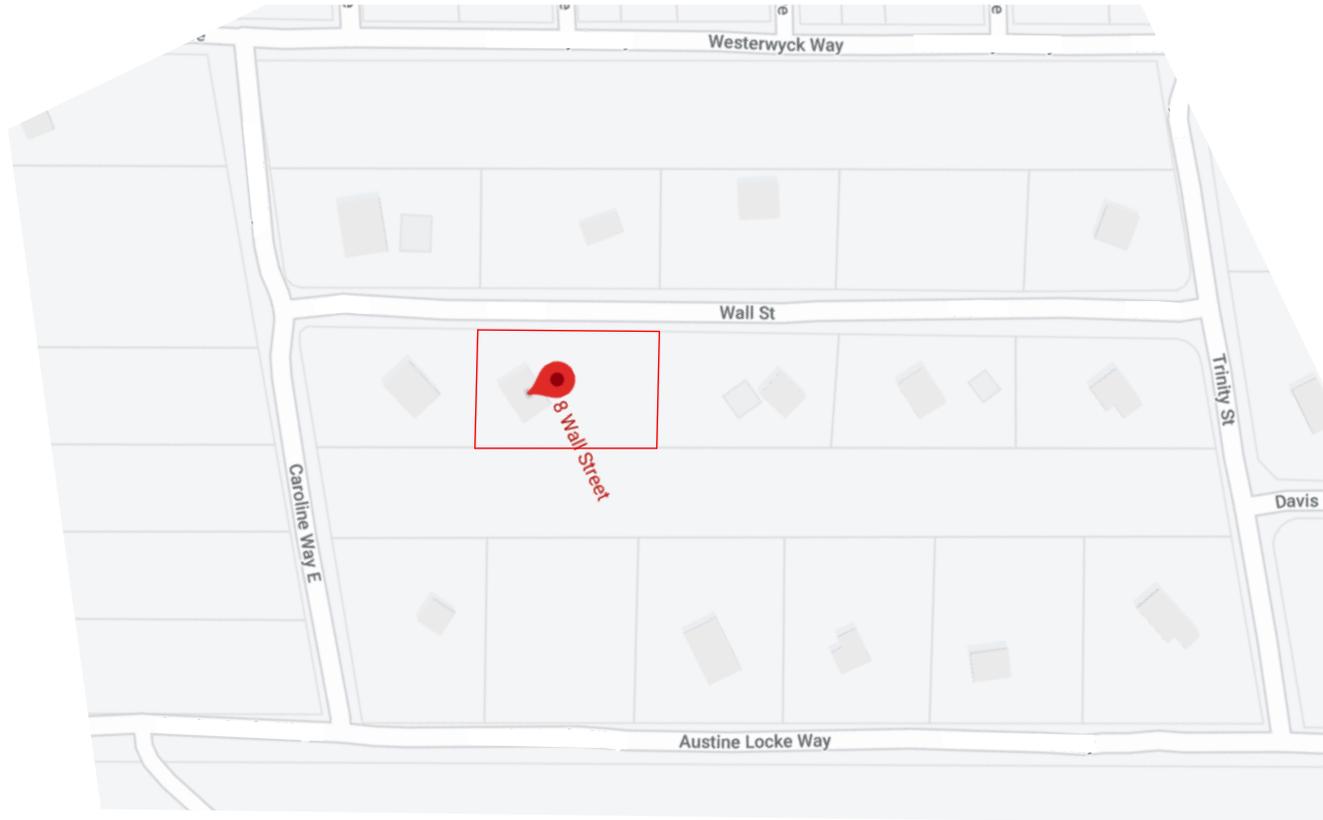
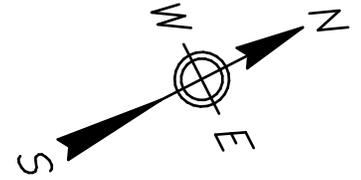
COLORS

Sidewall _____ Clapboard (if applicable) _____ Roof _____
Trim _____ Sash _____ Doors _____
Deck _____ Foundation _____ Fence _____ Shutters _____

* Attach manufacturer's color samples if color is not from HDC approval list.

I hereby authorize the agent named above to act on my behalf to make changes in the specifications or the plans contained in this application in order to bring the application into compliance with the HDC guidelines. I hereby agree to abide by and comply with the terms and conditions of this application. I hereby agree that the submission of any revisions to this application will initiate a new sixty-day review period.

Date _____ Signature of owner of record _____ Signed under penalties of perjury



SHEET NO:	NEW HOME FOR: THE CROWLEY RESIDENCE 8 WALL STREET NANTUCKET, MA 02554	VICENTE BURIN ARCHITECTS, LLC 200 CARTER HENRY DRIVE FAIRFIELD, CT 06824 P 203.319.9571 F 203.319.9572 WWW.VBARCHITECT.COM
	SHEET TITLE: LOCUS MAP	
	DATE ISSUED: HDC SUBMISSION: 08.11.20 SCALE: 1" =200'	



SHEET NO:
A-7

NEW HOME FOR:
THE CROWLEY RESIDENCE
8 WALL STREET
NANTUCKET, MA 02554

SHEET TITLE: SITE PHOTOGRAPHS

DATE ISSUED: HDC SUBMISSION: 08.11.20 SCALE:

VICENTE+BURIN
ARCHITECTS, LLC

200 CARTER HENRY DRIVE FAIRFIELD, CT 06824
P 203.319.9571 F 203.319.9572 WWW.VBARCHITECT.COM



SHEET NO:
A-8

NEW HOME FOR:
THE CROWLEY RESIDENCE
8 WALL STREET
NANTUCKET, MA 02554

SHEET TITLE: SITE PHOTOGRAPHS (1)

DATE ISSUED: HDC SUBMISSION: 08.11.20 SCALE:

VICENTE+BURIN
ARCHITECTS, LLC

200 CARTER HENRY DRIVE FAIRFIELD, CT 06824
P 203.319.9571 F 203.319.9572 WWW.VBARCHITECT.COM



SHEET NO:

A-9

NEW HOME FOR:
THE CROWLEY RESIDENCE

8 WALL STREET
NANTUCKET, MA 02554

SHEET TITLE:

SITE PHOTOGRAPHS (2)

DATE ISSUED:

HDC SUBMISSION: 08.11.20

SCALE:

VICENTE+BURIN

ARCHITECTS, LLC

200 CARTER HENRY DRIVE FAIRFIELD, CT 06824
P 203.319.9571 F 203.319.9572 WWW.VBARCHITECT.COM



REQUIRED WITH ALL APPLICATIONS:

7
7
7
7
7
7
7
7

1. **Completed Application Form:** Description of ALL work must be indicated on application form.
2. **Property Owner's Signature:** Current owner's signature preferred; if the agent is signing the application written authorization from the owner (letter, fax, email) must be provided.
3. **Application Fee:** See back of application for fee schedule or call the office.
4. **Locus Map (4 copies):** Location Map must include north arrow, parcel boundaries, primary and secondary streets. (Town GIS Map Site) <https://www.nantucket-ma.gov/151/GIS-Maps>
5. **Site Plan (4 Copies):** must include the following: lot dimensions, north arrow, all existing structures, proposed work (highlighted) with dimension to lot lines, scale, driveway, grade changes, and *placement of HVAC units, electrical boxes, fuel tanks, etc.*
6. **8-1/2" x 11" Copies of ALL Application Materials:** Must include the following: application form (reduced 64%), locus map, plot plan, all elevations and floor plans, window schedule, photographs, other relevant supporting material. All material MUST BE LEGIBLE (font size no smaller than 12), collated and stapled.
7. **Photographs:** Required of ALL applications for alterations to an existing structure. Photographs must be clear and labeled with application address or contextual address.
8. **Electronic submission:** All documents submitted to the HDC office must be emailed to hdcsubmissions@nantucket-ma.gov.

REQUIRED WHERE APPLICABLE:

NA
7
NA
7
7
NA
7
7

1. **Supplemental Information for Historic Buildings:** It is the applicant's responsibility to research the historical status of any and ALL buildings. Additional information may be obtained from the Nantucket Historical Association Library. If not historic, denote on application.
2. **Exterior Elevations and Floor Plans (4 copies):** Must be 1/4 inch scale and include all affected sides of the building, cardinal points (N, S, E, W), dimensions, heights, floor and ceiling heights, elevations of finished grade, window details and placement of HVAC units, electrical boxes, fuel tanks, etc. *All changes from approved or existing design must be clouded on drawings.* All material MUST BE LEGIBLE, collated and stapled. Reduced sets should maintain a font size of 12.
3. **As-Built Plans (1 copy):** of existing elevations
4. **Hardscaping Plans (4 copies):** To legible scale. This includes fences, decks, porches, arbors, retaining walls, tennis courts, swimming pool, driveways, gazebos etc. All material MUST BE LEGIBLE, collated and stapled.
5. **Topographic Map:** Must show existing and proposed grade for any change of more than one foot in height on grade. Retaining walls must be applied for separately (see hardscaping plan).
6. **Door and Window Schedule (4 copies):** Must include window type (true divided, simulated divided), number of lights, dimensions, materials, manufacturers type name and type number.
7. **I UNDERSTAND THAT A TRUE DIVIDED LIGHT WINDOW/DOOR IS DEFINED AS MULTIPLE INDIVIDUAL SINGLE PANES OF GLASS (i.e., NOT DOUBLE-PANED OR INSULATED) ASSEMBLED IN THE SASH/DOOR USING MUNTINS.**
8. **Abutter Notification Materials** - Abutters list from Assessors Office, certified mail stubs, and a copy of letter are required for all applications for changes of 1000 square feet or more except in the Nantucket Historic Core and Sconset Historic Core where the requirement for new construction is 100 square feet.
9. Approvals from Planning Board, Zoning Board of Appeals, Conservation Commission etc.

(initial to indicate read and understand) PV

From: Maureen Crowley <mcrowley1115@gmail.com>

Date: Thursday, June 20, 2019 at 11:45 AM

To: Cali Wadsworth <cwadsworth@vbarchitect.com>

Subject: Re: Nantucket Owner Signature Authorization

I authorize Paulo Vincente to act as our agent with regard to our property on 8 Wall St.
Nantucket, Ma.

Maureen and James Crowley
Owner



HISTORIC DISTRICT COMMISSION

2 Fairgrounds Road
Nantucket, Massachusetts 02554

Telephone: 508.325.7587

Email: hdcsubmissions@nantucket-ma.gov

COMMISSIONERS

Ray Pohl
Chairman

Diane Coombs
Vice-Chairman

Val Oliver

Abigail Camp

John McLaughlin

ASSOCIATE COMMISSIONERS

Stephen Welch

TJ Watterson

Jesse Dutra

STAFF

Cathy Flynn
Land Use Specialist
cflynn@nantucket-ma.gov

Waiver of the HDC 10 Day Hearing Requirement

I Paulo Vicente

AS AGENT FOR James F. & Maureen A. Crowley

STREET ADDRESS 8 Wall Street

MAP/PARCEL 82 / 79

UNDERSTAND THAT THE ABOVE REFERENCED APPLICATION SUBMITTED ON
8/11/2020

WILL NOT BE REVIEWED BY THE HISTORIC DISTRICT COMMISSION, DUE TO THE
COVID-19 PANDEMIC, WITHIN THE 10 DAY PERIOD AS REQUIRED BY:

**SECTION 8 of the HDC enabling legislation: ... The Commission shall meet
within ten (10) days of the receipt of an application for a certificate of
appropriateness or permit for removal...**

AND I AGREE TO A WAIVER OF THE ABOVE MENTIONED REQUIREMENT.

Paulo Vicente 8/11/2020
Signature Date

TOWN OF NANTUCKET
HISTORIC DISTRICT COMMISSION

LIST OF PARTIES IN INTEREST IN THE MATTER OF THE PETITION OF:

PROPERTY OWNER..... **James F. & Maureen A. Crowley**
MAILING ADDRESS..... **336 Windhill Rd, Manchester Center, VT 05255-9102**
PROPERTY LOCATION..... **8 Wall St, Nantucket, MA 02554**
ASSESSORS MAP/PARCEL..... **82 / 79**
SUBMITTED BY:..... **Vicente-Burin Architects LLC**

SEE ATTACHED PAGES

I certify that the foregoing is a list of persons who are owners of land directly adjacent to the subject property or directly opposite the subject property on any public or private street or way, all as they appear on the most recent applicable tax list.

8-6-2020

DATE

Digitally signed by Rob Ranney
DN: cn=Rob Ranney, o=Town of
Nantucket, ou=Assessor's Office,
email=rranney@nantucket-ma.gov, c=US
Date: 2020.08.06 12:20:15 -04'00'

ASSESSOR'S OFFICE
TOWN OF NANTUCKET

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

2020 0090 0001 4287 3803

Certified Mail Fee \$13.55

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$4.00

Return Receipt (electronic) \$4.00

Certified Mail Restricted Delivery \$4.00

Adult Signature Required \$4.00

Adult Signature Restricted Delivery \$4.00

Postage \$0.55

Total Postage and Fees \$4.10

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0430 17

Postmark
Here

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

2020 0090 0001 4287 3858

Certified Mail Fee \$13.55

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$4.00

Return Receipt (electronic) \$4.00

Certified Mail Restricted Delivery \$4.00

Adult Signature Required \$4.00

Adult Signature Restricted Delivery \$4.00

Postage \$0.55

Total Postage and Fees \$4.10

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0430 17

Postmark
Here

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

2020 0090 0001 4287 3849

Certified Mail Fee \$13.55

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$4.00

Return Receipt (electronic) \$4.00

Certified Mail Restricted Delivery \$4.00

Adult Signature Required \$4.00

Adult Signature Restricted Delivery \$4.00

Postage \$0.55

Total Postage and Fees \$4.10

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0430 17

Postmark
Here

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

2020 0090 0001 4287 3822

Certified Mail Fee \$13.55

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$4.00

Return Receipt (electronic) \$4.00

Certified Mail Restricted Delivery \$4.00

Adult Signature Required \$4.00

Adult Signature Restricted Delivery \$4.00

Postage \$0.55

Total Postage and Fees \$4.10

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0430 17

Postmark
Here