

CERTIFICATE NO: _____

DATE ISSUED: _____

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 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°: 55 PARCEL N°: 379
 Street & Number of Proposed Work: 16 Cherry St
 Owner of record: Zacone Margaret & Michael
 Mailing Address: 5 Loudon Heights, South
Londonville, NY 12211
 Contact Phone #: 617 432 1123 E-mail: _____

AGENT INFORMATION (if applicable)

Name: STEGRA CORP
 Mailing Address: PO Box 3751
Nantucket, MA 02554
 Contact Phone #: 774 325 6748 E-mail: stegracorp@
iguard.com

FOR OFFICE USE ONLY

Date application received: _____ Fee Paid: \$ _____
 Must be acted on by: _____
 Extended to: _____
 Approved: _____ Disapproved: _____
 Chairman: _____
 Member: _____
 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 Stairs
 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: _____

Original Builder: _____

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.) _____

Fence: Height: _____
 Type: _____
 Length: _____

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 _____ Walkways _____ Walls _____

* Note: Complete door and window schedules are required.

COLORS

Sidewall _____ Clapboard (if applicable) _____ Roof Moire black
 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 5/1/22

Signature of owner of record _____

Signed under penalties of perjury



Property Information

Property ID 55 379
 Location 16 CHERRY ST
 Owner ZARCONE MARGARET & MICHAEL



MAP FOR REFERENCE ONLY
 NOT A LEGAL DOCUMENT

Town and County of Nantucket, MA makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 07/28/2022
 Data updated Jan, 2021

Print map scale is approximate.
 Critical layout or measurement activities should not be done using this resource.







From: Chris Fraker <fracon@comcast.net>
Date: Thu, Sep 1, 2022 at 8:30 AM
Subject: roof estimates 16 Cherry St and 29 Crooked Ln
To: StegraCorp <stegracorp@gmail.com>

9/1/2022

To The Town of Nantucket PLUS Department

I, Chris Fraker, am representing the homeowners of 16 Cherry St and 29 Crooked Ln. Please accept this letter as written authorization for Steven Stockigt (Stegra Corp) to do the roof work at 16 Cherry St and 29 Crooked Ln.

Please contact me should you have any questions.

Chris Fraker
Fraker Construction
fracon@comcast.net
508.560.8584