

LIKE - KIND Certificate # _____

Date Issued: _____

Application to the HISTORIC DISTRICT COMMISSION, Nantucket, Massachusetts, for a
CERTIFICATE OF APPROPRIATENESS for "Like-Kind" Replacement only

Like-Kind is a repair or replacement of the exact building feature (ex: same material, color, size, etc.)

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 refer to Page 2 for submittal requirements. Incomplete applications will not be reviewed by the HDC staff. Should you have a question IF your application is a "like-kind," please discuss with Staff prior to submitting the application.

This is a contractual agreement and must be filled out in ink. An application 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. **ALL Like-Kind applications must provide PHOTOGRAPHS of the work to be performed.**

This 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 No: _____ PARCEL No: _____

Previous Like-Kind COA # _____

Address of Proposed Work: _____

Date of building (if known): _____

Owner of Record: _____

Mailing Address: _____

Telephone: _____

Email: _____

AGENT INFORMATION

Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

For office use only	
Date Application Received: _____	Fee: \$25.00 <input type="checkbox"/>
Must be acted on by: _____	
Extended to: _____	
Approved: _____	Disapproved: _____
Staff Member: _____	
Notes-Comments-Restrictions-Conditions: _____	

Year of Building: _____ Name of Building: _____

DESCRIPTION OF REPLACEMENT WORK TO BE PERFORMED

___ Fence repair /replacement ___ Gate repair/ replacement ___ Roof repair /replacement
___ Sidewall repair /replacement ___ Chimney repair / replacement ___ Foundation repair / replacement
___ Shutter repair / replacement ___ Other: _____

DETAILS OF "LIKE-KIND" WORK TO BE PERFORMED

FENCE - Height: _____ Length: _____ Type: _____ Material: _____ Color: _____

GATE - Height: _____ Length: _____ Type: _____ Material: _____ Color: _____

Clapboard _____ Foundation _____ Roof _____ Shutters _____

Deck _____ Sidewall _____ Other _____

ROOF - Type: _____ Manufacturer (Roofing): _____ Material: _____ Color: _____

DESCRIPTION OF BUILDING of proposed roof work: _____

OTHER _____

(Please specify ALL details of proposed work)

REQUIRED WITH ALL LIKE-KIND APPLICATIONS:

1. **Completed Application Form:** Description of **ALL** "Like-Kind" 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:** \$25.00. If paying by check, please make payable to the Town of Nantucket.
4. **Locus Map (1 copy):** 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. **Colored Photographs (Minimum of 2 copies):** Required of **ALL** Like-Kind applications. Photographs must be clear and labeled with application address or contextual address. Please include **ENTIRE** elevation of house, as applicable, and indicate the cardinal points (north, south, east, or west); indicate the Like-Kind work proposed (ex: clouding windows, doors, trim, etc.) Roof Like-Kind, please refer to the approvable roof shingle guidelines: <https://www.nantucket-ma.gov/DocumentCenter/View/25225/Approvable-Roof-Shingle-Colors-Guideline-PDF>.
6. **Electronic submission:** All documents (application, locus map, photographs, etc.) must be emailed to the HDC office at hdcsubmissions@nantucket-ma.gov.
7. **PLEASE NOTE:** Window/ Door Replacement in the OHD/SOHD (Old Historic District / 'Sconset Old Historic District) must go before the Commission for review. Attendance at either the Historic Structures Advisory Board or the 'Sconset Advisory Board is strongly encouraged. Their review is a recommendation to the Commission and not the final review for approval.
8. **PLEASE NOTE:** Roof Color Change in any district must go before the Commission for review. Please refer to Guidelines for Application Submission on Commission reviews.

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 should the application need supplemental information in order to be accurately reviewed, I will provide when requested.

Date: _____ Print: _____

Signature: _____
