



CITY OF NORWICH  
Historic District Commission

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS:

**SECTION I: Property Owner**

Historic Property Owner: Peter DeCarlo

Property Owner's Authorized Representative: \_\_\_\_\_

Historic Property Address: 170 Broadway, Norwich, CT 06360

Owner Telephone: 860-917-8997 Email: peterdecarlo@comcast.net Applicant

Signature: Peter F DeCarlo Date: 03/19/2020

**SECTION II: Property Modification Category**

Check one or more of the following:

Preservation \_\_\_\_\_ Demolition \_\_\_\_\_ Restoration  Reconstruction \_\_\_\_\_ New Construction \_\_\_\_\_

Roofs _____	Site Masonry _____	Other <input checked="" type="checkbox"/> Electrical upgrade
Windows _____	Signage _____	
Skylights _____	Perimeters _____	
Chimneys _____	Fixtures _____	

**Attach documentation to support your application, such as photos, drawings, product catalog sheets, etc.  
COA is valid for six months. COA is issued to the named applicant only and is not transferable.  
The Commission may request a follow-up inspection to insure compliance.**

**SECTION III: Historic District Commission Use**

COA Number: \_\_\_\_\_ HDC Meeting Date: \_\_\_\_\_

Date Application Received: \_\_\_\_\_ Date Applicant Notified: \_\_\_\_\_

Date Hearing Notification Sent: \_\_\_\_\_ Date Building Department Notified: \_\_\_\_\_

Application Action:

Approved as Submitted \_\_\_\_\_ Approved with Modifications \_\_\_\_\_

Approved with Stipulations \_\_\_\_\_ Denied \_\_\_\_\_

Summary of stipulations, modifications or reasons for denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HDC Signature: \_\_\_\_\_ Date: \_\_\_\_\_