

File Number: _____



Talbot County Historic Preservation Commission
215 Bay Street, Suite 2
Easton, Maryland 21601
410-770-8030

Application for Work Permit

Name of Property: _____

Applicant's Name: _____ Email: _____

Address: _____

Telephone Number(s): _____ Cell Number: _____

Property Owner(s) Name: _____ Email: _____

Address: _____

Telephone Number(s): _____ Cell Number: _____

Tax Map: _____ Grid: _____ Parcel: _____ Lot: _____ Zoning: _____

Architect's Name: _____ Email: _____

Address: _____

Telephone Number(s): _____ Cell Number: _____

Contractor's Name: _____ Email: _____

Address: _____

Telephone Number(s): _____ Cell Number: _____

Type of Work (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Visible from public way | <input type="checkbox"/> Siding/Trim | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Not visible from public way | <input type="checkbox"/> Roofing/Gutters, downspouts | <input type="checkbox"/> Addition(s) |
| <input type="checkbox"/> Signage | <input type="checkbox"/> Accessory building | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Parking/Driveway | <input type="checkbox"/> Visible from water | <input type="checkbox"/> In-kind Replacement |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Not Visible from water | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Fence/Gate | <input type="checkbox"/> Relocation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Windows/Doors | <input type="checkbox"/> Restoration/Repair | |

File Number: _____

General Description of Proposed Work: _____

Tax Credits: Does the owner intend to apply for Federal or State Rehabilitation Tax Credits? Yes _____ No _____
If yes, has the owner met with Maryland Historical Trust Staff? Yes _____ No _____

Note: The Talbot County Historic Preservation Commission does not guarantee approval for tax credits.

Historic District Work Permit Process and Application Submittal Requirements (See attached pages).

I have read and understand the attached information regarding process and requirements in obtaining a Historic District Work Permit and this application shall not be construed as a permit to proceed with the above stated work. A certificate of approval signed by the Chair shall be issued before zoning approval for the required Talbot County building permit is granted. I understand that the Historic Preservation Commission or its agent may inspect the work in progress at such times as are reasonable to the nature and scope of the work being undertaken.

Signature of Owner, Applicant/Agent

Date

Office Use Only:

The Commission has reviewed the above project and finds:

_____ Above project is approved as presented, see comments below.

_____ Above project is approved with conditions, see comments below.

_____ Above project is denied, see comments below.

Talbot County Historic Preservation Commission

Date