



TOWN OF COHASSET
COHASSET COMMON
HISTORIC DISTRICT COMMISSION



CERTIFICATE OF APPROPRIATENESS

CERTIFICATE NUMBER: _____

APPLICANT: _____

ADDRESS: _____

OWNER: _____

ADDRESS: _____

DESCRIPTION OF PROPOSED WORK:

HEARING WAVED: YES NO

DECISION:

APPROVED

APPROVED WITH THE FOLLOWING CONDITIONS:

DISAPPROVED FOR THE FOLLOWING REASONS:

DATE: _____

HISTORIC DISTRICT COMMISSION

SIGNED BY: _____

CC: TOWN CLERK
BUILDING INSPECTOR