HISTORIC PRESERVATION COMMISSION
CITY OF DELAWARE CITY
407 Clinton Street – P.O. Box 4159
Delaware City, DE 19706-4159
(302) 834-4573   Fax (302) 832-5545

Date: ______________

HISTORIC PRESERVATION COMMISSION MEETS THE 1ST TUESDAY OF EACH MONTH AT
THE TOWN, AT 7:00 P.M., UNLESS OTHERWISE POSTED.

APPLICATION MUST BE SUBMITTED FIVE (5) BUSINESS DAYS PRIOR TO MEETING.

Parcel No.  ____________  Zoning: ____________

Historic District Nomination No. N 6 3 3 3

Name of Applicant: ____________________________________________________________________

Name of Owner (If Different): ___________________________________________________________

Address of Property: ___________________________________________________________________

Mailing Address: ______________________________________________________________________

Phone #: Daytime _______________________________ Evening _______________________________

This project is:  □ Residential  □ Commercial  □ Mixed
□ New Construction or Addition  □ Remodeling or Other ____________________________

Please list a brief description of what work is to be done: _______________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Attach measured floor plan and elevation drawing(s) of building and proposed changes, measured site
plan showing building(s) and property lines/set backs, and recent photograph(s) of building façade and
side to be altered.

Historic Preservation Commission Use Only:

□ Plans Accepted as Submitted
□ Accepted with Conditions: ___________________________________________________________

□ Plans to be Changed and Resubmitted
□ Other (Explain) _________________________________________________________________

____________________________________  _____________________
Chairman        Date

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