



# BRISTOL HISTORIC DISTRICT COMMISSION

## APPLICATION FOR REVIEW OF PROPOSED WORK

1. Property Address (Street & No.) 27 Byfield st

2. Plat # \_\_\_\_\_ Lot # \_\_\_\_\_ Contributing \_\_\_\_\_ Non-Contributing \_\_\_\_\_

3. a. Applicant: R.I. Energy

Mailing Address: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

EMAIL: \_\_\_\_\_

☒ b. Owner (if different from applicant written authorization of owner required): [Signature]

Mailing Address: 27 Byfield st

Phone: Day 401-714-8222 Evening \_\_\_\_\_

4. a. Architect/Draftsman: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

b. Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

5. Work Category: ☒ Gas main + Service work Replacing in-kind\* authorization required \_\_\_\_\_

\_\_\_\_\_ New Structure(s)

\_\_\_\_\_ Partial Demolition of Structure(s)

\_\_\_\_\_ Addition to Structure(s)

\_\_\_\_\_ Total Demolition of Structure(s)

\_\_\_\_\_ Remodeling of Structure

\_\_\_\_\_ Sign(s) / Landscaping Features

Reviewed by Zoning Officer : \_\_\_\_\_

OK \_\_\_\_\_ Needs Relief \_\_\_\_\_

Signature

Date

6. Description of proposed work:

Gas main and Service work

Replacing gas service - meter staying inside.

☐

Check here if continued on additional sheets. \*All changes must match the existing in materials, design and configuration.

7. Included with the application (check those applicable):

PHOTOGRAPHS: Please label all photographs submitted.

\_\_\_\_\_ Overall view of property from street(s) \_\_\_\_\_ Overall views of building

\_\_\_\_\_ Existing details to be altered by work

\_\_\_\_\_ Other (Identify) \_\_\_\_\_

Drawings: Maximum size accepted: 11" x 17"

\_\_\_\_\_ Site Plan(s) (drawn to scale) \_\_\_\_\_ Floor plan(s) (drawn to scale)

\_\_\_\_\_ Exterior Elevations \_\_\_\_\_ Details

OTHER: \_\_\_\_\_ Renderings \_\_\_\_\_ Catalogue Cuts \_\_\_\_\_ Specifications

\_\_\_\_\_ Other (Identify) \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name - Printed

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_

Contact Person if other than Applicant::

Name (Printed): M: JAMES KURLAND, M.D.

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

A Certificate of Appropriateness (Green Sheet) is valid for one year from the date of issuance.

Note: If work on a project has started within twelve months of its approval date, you have as long as is necessary to finish the job (in other words, longer than a year).









