TOWN OF OGUNQUIT
OGUNQUIT HISTORIC PRESERVATION COMMISSION
PRE-PLANNING BOARD DESIGN REVIEW

PLEASE PRINT CLEARLY

DATE REC'D BY OHPC: _____ OHPC MEETING DATE: _____

TAX MAP: _____BLOCK: _____ ZONING DISTRICT _____

PROPERTY OWNER (as listed on current VISION Property Tax Card)
NAME _____
MAILING ADDRESS _____
Telephone _____ e-mail address _____

APPLICANT ☐ Same as Owner ☐ Lessee
NAME _____
MAILING ADDRESS _____
Telephone _____ e-mail address _____
If applicant is different than owner you must include a letter of authorization from the property owner.

PROPERTY ADDRESS: _____
Year Built _____
Source of date: VISION Card ☐ TRIO Card ☐ Other_____

BRIEF DESCRIPTION OF PROJECT: _____
_____
_____
_____
_____
_____
_____
_____
(It is important to provide a concise, clearly articulated written description of the scope of the project.
If additional space is required please feel free to attach addition pages)

To the best of my knowledge, all the above stated information submitted in this application is true and correct.

_____ _____
DATE APPLICANT'S / OWNER'S SIGNATURE