



PLANNING DEPARTMENT
Town of Durham
15 Newmarket Road
Durham, NH 03824-2898
Phone (603) 868-8064 Fax (603) 868-8033
www.ci.durham.nh.us

RECEIVED
Town of Durham
SEP 24 2014
Planning, Assessor
and Zoning

HISTORIC DISTRICT COMMISSION
Application for Certificate of Approval
Town of Durham, New Hampshire

Date: 9/20/2014

Property information

Property address/location: 37 MAIN ST

Tax map and lot #: _____; Date of building, if known: _____

Name of project (if applicable): GRANGE HALL

Property owner

Name (include name of individual): PETER MURPHY

Mailing address: 37 MAIN ST UNIT 0 DURHAM NH

Telephone #: 617-312-4112 Email address: P.MURPHY@COMCAST.NET

Applicant (if different from property owner)

Name (include name of individual): _____

Mailing address: _____

Telephone #: _____ Email address: _____

Architect/Designer (if applicable)

Name (include name of individual): _____

Professional Designation: _____

Mailing address: _____

Telephone #: _____ Email address: _____

Contractor (if applicable)

Name (include name of individual): _____

Mailing address: _____

Telephone #: _____ Email address: _____

(over)

Proposed activity (check all that apply)

New building/structure: ____ Addition onto existing building/structure: ____

Alterations to existing building: ____ Demolition: ____ Signage: ____

Site development (other structures, parking, utilities, etc.): ____ Change of use: ____

Describe project? I would like to put a small awning above the door to the yoga studio on the side entrance of the building.

Proposed starting date: ASAP

Submission of application

This application must be signed by the property owner, the applicant/developer (if different from property owner), and/or the agent.

I hereby submit this application to the Town of Durham Historic District Commission pursuant to the Town of Durham Historic District Ordinance and attest that to the best of my knowledge all of the information on this application form and in the accompanying application materials and documentation is true and accurate. As applicant/developer (if different from property owner) or as agent, I attest that I am duly authorized to act in this capacity and submit this application.

Name: Peter Murphy

Signature: [Handwritten Signature] Date: 7/23/2014

Circle all that apply: property owner developer - architect/designer - contractor - agent

** Please note that the applicant or a representative must attend the HDC meeting to present the application and answer any questions. If nobody attends the meeting then the HDC may not take any action on the application.*



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BILL TO: Peter Murphy	PHONE: 617-312-412	DATE: 12-5-13
STREET: 37 Main St	PRICE ~	\$ 550.00
CITY, STATE, ZIP CODE: Durham NH	DEPOSIT ~ 50%	\$ 275.00
CONTACT:	BALANCE DUE UPON COMPLETION ~ \$ 275.00	

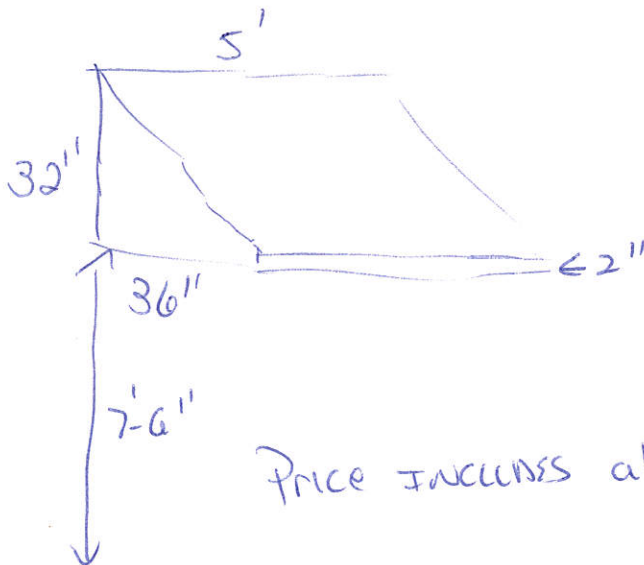
ATTENTION: IT IS THE CUSTOMER'S RESPONSIBILITY TO CHECK WITH LOCAL MUNICIPALITY CONCERNING PERMITS REQUIRED FOR INSTALLATION!!

BY: Rick Spink
Authorized Signature

SPECIFICATIONS: Fixed Frame awning. TRADITIONAL STYLE.

FRAME WELDED OUT OF ALUMINUM - $\frac{1}{8}$ " WALL - 10 YEAR WARRANTY

CANVAS: SUNBrella - Firest. 10 YEAR factory warranty Flame RETARDANT



Price includes all INSTALLATION. SS HARDWARE.

2 to 3 hrs

PROPOSAL 6561

ACCEPTANCE OF PROPOSAL ~ The prices, specifications, and conditions set forth above on this proposal are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined herein.

Date of Acceptance _____

SIGNATURE _____

SIGNATURE _____

Note: The proposal is withdrawn by us if not accepted within sixty (60) business days.

All electrical work is customer's responsibility.

In case of cancellation, deposit will be forfeited.