



**PLANNING DEPARTMENT**

Town of Durham  
8 Newmarket Road  
Durham, NH 03824-2898  
Phone (603) 868-8064  
[www.ci.durham.nh.us](http://www.ci.durham.nh.us)

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

Date: 04/28/17

**Property information**

Property address/location: 31 Newmarket Road

Tax map and lot #: 6 11-8; Date of building, if known: 2001

Name of project (if applicable): N/A

**Property owner**

Name (include name of individual): Great Bay Animal Hospital LLC

Mailing address: 31 Newmarket Road, Durham, NH 03824

Telephone #: 603-868-7387 Email address: DrJim@GreatBayAH.com

**Applicant** (if different from property owner)

Name (include name of individual): Great Bay Animal Hospital

Mailing address: 31 Newmarket Road, Durham, NH 03824

Telephone #: 603-868-7387 Email address: same

**Architect/Designer** (if applicable)

Name (include name of individual): MJS Engineering, P.C. Michael J. Sievert

Professional Designation: Professional Engineer

Mailing address: P. O. Box 359

Telephone #: 603-659-4979 Email address: mjs@mjs-engineering.com

**Contractor** (if applicable)

Name (include name of individual): Eric Noonan

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.): X Change of use: \_\_\_\_\_

Describe project? Replace section of fence along bottom of hill adjacent to road

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

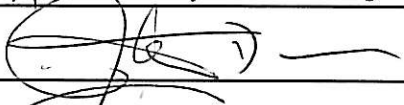
Proposed starting date: June 2017

**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: James McKiernan D.U.O.

Signature:  Date: 4/28/17

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.*