



**REQUEST APPROVAL FOR EXTERIOR ALTERATIONS TO
MUNICIPALLY REGISTERED HERITAGE PROPERTY**

Community Development Department
 PO Box 369, 186 Central Street
 Chester, NS B0J 1J0
 E-mail: planning@chester.ca

Phone: 902-275-2599
 Fax: 902-275-2598

Civic Address or Location of the Property:			Office Use	
			Application #:	
			PID #:	
			ZONE:	
Civic	Street Name	Community	Electoral District:	
			Electoral District:	
Name of Property		Municipally Registered?		Yes <input type="checkbox"/> No <input type="checkbox"/>
CONTACT INFORMATION:				
Applicant	_____	Property Owner	_____	
Phone	_____	Phone	_____	
Email	_____	Email	_____	
Mailing Address	_____	Mailing Address	_____	
Postal Code	_____	Postal Code	_____	
You are the?	<input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other please specify _____	Correspondence to?	<input type="checkbox"/> Applicant <input type="checkbox"/> Property Owner <input type="checkbox"/> Other (please specify) _____	
Briefly Outline Proposed Alterations: PLEASE ATTACH A PLAN OR SKETCH SHOWING YOUR PROPOSAL				
Are plans for exterior changes available?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Anticipated Start Date : YYYY / MM / DD		Estimated Cost: \$		
Briefly Outline Need for Alterations:				
Owner/Applicant Certification				
I hereby certify that I am the owner of the land on which these alterations are proposed (<input type="checkbox"/>) , or am making this application with the consent of the owner (<input type="checkbox"/>). (Please check which is applicable) Date: YYYY / MM / DD				
Signature: _____			Print Name: _____	
Office Use				
Application Considered by H.A.C.		Date: YYYY / MM / DD		
Application Approved by H.A.C.		Date: YYYY / MM / DD		
Application Approved by Council		Date: YYYY / MM / DD		
Signed by Clerk: _____				Date: YYYY / MM / DD