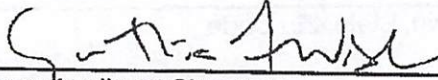


TOWN OF SALISBURY, CONNECTICUT HISTORIC DISTRICT
COMMISSION

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

I acknowledge that I have read and accept the above instructions and am submitting an accurate and complete application. I give permission for members of SHDC to access the property for the purpose of reviewing this application and work done under the COA.



Owner or Applicant Signature

Cynthia F. Walsh, President

8/19/25

Print name of Signature above

Date

SHDC check off:

Application date received

9/3/25

Day count end date: _____

It is determined what type of project the COA represents.

- Waived (not visible or 'in kind' exact replacement)
- Site Visit Required (maximum 2 members of SHDC) date: _____
- Incomplete/Not Accepted
- Accepted - Public Hearing date: _____
- Approved
- Grant 1-yr Extension on Already Approved COA # _____
- Denied



Chairman or Vice Chairman Signature
Salisbury Historic District Commission

9/9/2025

Date

#2025-008

TOWN OF SALISBURY, CONNECTICUT HISTORIC DISTRICT
COMMISSION

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Salisbury Association 24 Main Street Salisbury
Owner Property Address Town

PO Box 553 Salisbury, CT 06068
Owner's Mailing Address Town, State, Zip Code

860-435-0566 info@salisburyassociation.org
Owners phone number Email Address

Representative phone number (if applicable) Email Address

Type of Project (check all that apply):

- New building
- Addition to building
- Building restoration
- Demolition
- Ordinary maintenance, repair, 'in kind' exact replacement
- Work not visible from street or public pathway during any season
- Request 1-yr extension to complete work on already approved COA

Nature and description of proposed work. Attach photos and drawings:

Replace two signs to the left of the front door: the open/closed sign and the sign identifying
the Salisbury Association and its mission. The replacement signs will be the same size as the
existing signs and contain updated information and logo colors.