

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.

*Michael Styra*

Owner or Applicant Signature

Michael Styra

11/14/2025

Print name of Signature above

Date

SHDC check off:

Application date received

11/14/25 (Updated 12/29/25)

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: 2/3/26
- Approved
- Grant 1-yr Extension on Already Approved COA # \_\_\_\_\_
- Denied

*Carol Mason*

Chairman or Vice Chairman Signature  
Salisbury Historic District Commission

2/4/2026

Date

#2025-011

TOWN OF SALISBURY, CONNECTICUT HISTORIC DISTRICT  
COMMISSION

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

**Curtis Rand 7 Ethan Allen St Salisbury**

Owner Property Address Town

**7 Ethan Allen St Salisbury**

Owner's Mailing Address Town, State, Zip Code

**(860) 435-5170 crand@salisburyct.us**

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:

Installation of one dual-port electric vehicle charging station. Two bollards will be installed in front of the station for protection.

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Date