

TOWN OF SALISBURY, CONNECTICUT HISTORIC DISTRICT  
COMMISSION

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Leena Johnson 58 MainStreet Salisbury

Owner

Property Address

Town

58 Main Street

Salisbury, CT 06068

Owner's Mailing Address

Town, State, Zip Code

706-202-4195

leenafjohnson@gmail.com

Owners phone number

Email Address

518-414-0466

rick@vamillwork.com

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:

Emergency roof repair due to a tree falling on the house.

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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

Leena S Johnson

4/2/26

Print name of Signature above

Date

*Leena S. Johnson*

SHDC check off:

Application date received \_\_\_\_\_

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

*Carol Moran*

4-10-2026

Chairman or Vice Chairman Signature  
Salisbury Historic District Commission

Date