

#2026-002 Amended
5/4/20

TOWN OF SALISBURY, CONNECTICUT HISTORIC DISTRICT
COMMISSION

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Darren and Ellen Berger 50 Main St. Dr. Smith house **Salisbury**

Owner Property Address Town

PO Box 649 **Salisbury, Ct. 06068**

Owner's Mailing Address Town, State, Zip Code

646 957 3823 **dsb2113@gmail.com**

Owners phone number Email Address

Tom Callahan 860 671 9901 **tcallahan@harneyre.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:

Replace roof. Current roof materials are cedar shake, metal and asphalt shingle. Owner will
replace home and garage/guest house with CertainTeed designer asphalt shingles-pewterwood

Sample to be provided at COA meeting. Copper gutters will remain on house

AMENDED APPLICATION

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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.



Darren Berger
05/04/26 11:26 AM EDT

Owner or Applicant Signature

Darren Berger

05/04/26

Print name of Signature above

Date

SHDC check off:

Application date received

5/4/26

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

Date