

TOWN OF SALISBURY, CONNECTICUT HISTORIC DISTRICT
COMMISSION

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Salisbury Investment Group 14 Library Street Salisbury, CT 06068
Owner Property Address Town

178 Wells Hill Rd Lakeville, CT 06039

Owner's Mailing Address

Town, State, Zip Code

860-387-5876

Owners phone number

peggy-rice@comcast.net

Email Address

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Representative phone number (if applicable)

peggy-rice@comcast.net

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

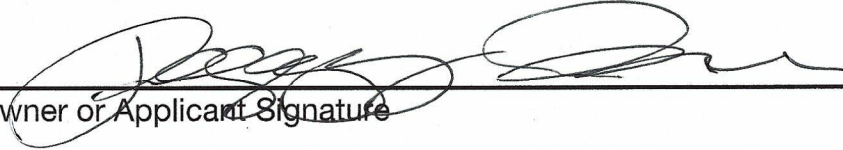
Nature and description of proposed work. Attach photos and drawings:

Reconstruct mahogany front porch exactly the same
way that it was.

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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

Peggy Rice
Print name of Signature above

7/19/26
Date

SHDC check off:

Application date received _____

Day count end date: _____

It is determined what type of project the COA represents.

COA not sent before work started.

- ☐ 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 Mason, Chairman

7-22-2026

Chairman or Vice Chairman Signature
Salisbury Historic District Commission

Date

Please send email (Historicsalisburyct@gmail.com)
a list of materials once the work is completed.