#2026-011

TOWN OF SALISBURY, CONNECTICUT HISTORIC DISTRICT COMMISSION

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Tracy Macgowan | 223 Main Street | Lakeville

Owner | Property Address | Town

223 Main Street | Lakeville, CT 06039

Owner's Mailing Address | Town, State, Zip Code

541-350-3080 | tracymacgown@gmail.com

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:

Remove existing shingles. Install 6 ft of Ice and Water Shield. Install Zip tape on all joints. Install drip edge. Install Lifetime GAF Shingles (color to match existing roof). Intall ridge vent and caps. Cart away debris.

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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.

Tracy Macgowan — Oct 07, 2026

Owner or Applicant Signature

Tracy Macgowan — 10/7/26

Print name of Signature above — Date

SHDC check off:
Application date received 10/7/26

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 — Date
Salisbury Historic District Commission