

CITY OF LAUREL
HISTORIC DISTRICT COMMISSION
8103 SANDY SPRING ROAD, LAUREL, MD 20707
301-725-5300

CERTIFICATE OF APPROVAL **No.** HDC

Date of Application _____ Type: Building _____ Sign _____ HDC Sign _____

Submit Information By: _____ For Meeting On: _____

ADDRESS OF PROPERTY:

WORK DESCRIPTION:

OWNER'S Name, address, phone number, email

CONTRACTOR'S Name, address, phone number, email

Sign: Drawing must accompany application.

TYPE: Flatwall _____ Projecting _____

Signband _____ Freestanding _____

SIZE: _____ Material _____

APPLICANT'S Name, address, phone number, email

MESSAGE: _____

COLORS: _____

Illumination: _____ Type: _____

CONDITIONS and/or comments:

APPROVED

DATE

BUILDING OFFICIAL _____

HISTORIC DISTRICT COMMISSION _____

PLANNING AND ZONING _____

This authorization does not by its issuance preclude or replace permits required by other departments or agencies.

x _____ (____) _____
Signature of Applicant Daytime phone number

Qualifies For Tax Credit Yes No

Building Permit Required: Yes No _____ Permit No. _____