



# CITY OF LAUREL HISTORIC DISTRICT COMMISSION

8103 Sandy Spring Road • Laurel, MD 20707 • (301) 725-5300 • Fax (301) 490-5068 [ecd@laurel.md.us](mailto:ecd@laurel.md.us)

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

## HDC CERTIFICATE OF APPROVAL APPLICATION

### STEP 1: FOR APPLICANT TO COMPLETE

DATE OF APPLICATION: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

TYPE OF REQUEST (Check all that apply):

Sign\_\_\_\_ Tree Removal\_\_\_\_ Shutters\_\_\_\_ Shed\_\_\_\_  
Roof\_\_\_\_ Windows\_\_\_\_ Paving\_\_\_\_ Fence\_\_\_\_  
Garage\_\_\_\_ Porch\_\_\_\_ Paint\_\_\_\_ Addition\_\_\_\_  
Demolition\_\_\_\_ Other: \_\_\_\_\_

WORK DESCRIPTION: \_\_\_\_\_

OWNER'S NAME, ADDRESS, PHONE & EMAIL: \_\_\_\_\_

CONTRACTOR'S NAME, ADDRESS, PHONE AND EMAIL: \_\_\_\_\_

**\*COMPLETE FOR SIGNAGE or AWNING REQUESTS ONLY:**

(Check one)

FLATWALL \_\_\_\_\_

PROJECTING \_\_\_\_\_

SIGNBAND \_\_\_\_\_

FREESTANDING \_\_\_\_\_

(Details)

SIZE: \_\_\_\_\_

MATERIAL: \_\_\_\_\_

MESSAGE: \_\_\_\_\_

COLORS: \_\_\_\_\_

LIGHTED SIGN: \_\_\_\_\_

IF YES, TYPE: \_\_\_\_\_

APPLICANT'S NAME, ADDRESS, PHONE AND EMAIL: \_\_\_\_\_

X \_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

### STEP 2: FOR CITY STAFF TO COMPLETE

- Yes  No Staff Approval?
- Yes  No Work started *without* Approval?
- Yes  No Qualifies for Tax Credit?
- Yes  No Building Permit Required?
- Yes  No Public Notice Sign Required?

MEETING DATE: \_\_\_\_\_

TAX ID (ACCOUNT) #: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

### STEP 3: STAFF APPROVAL SIGNATURES

APPROVAL DATE: \_\_\_\_\_  
CONDITIONS AND/OR COMMENTS: \_\_\_\_\_

HISTORIC DISTRICT COMMISSION \_\_\_\_\_

PLANNING AND ZONING \_\_\_\_\_