



HISTORIC DISTRICT COMMISSION

Town of Hollis

Seven Monument Square
Hollis, New Hampshire 03049
Tel. 465-2209 FAX 465-3701

Registration Form for Repair and/or Replacement of Roof Materials

For Properties in the Hollis Historic District

If this request is for the alteration/change of color, style, appearance and/or type of roofing material being used DO NOT fill out this form. You must fill out and submit the full HDC application for review and approval two weeks before the next scheduled HDC meeting date.

Check which one applies;

☐ If this request is for the repair and/or replacement of roofing materials whose color, style, appearance and/or type of roofing material being used closely match the existing materials please check this box and fill out this form. This request **does not** require an HDC meeting date.

☐ If this request is for the replacement 3 tab roofing materials to architectural roofing materials whose color closely matches the existing color please check this box and fill out this form. This request **does not** require an HDC meeting date.

Submit this form along with the following **required** information:

- Cut-sheets with Manufacturer's pictures
- Photo of roof showing existing shingles
- Manufacturer's name, color name and color # (number)

Property Address:

Applicant's Name: _____ Phone #: _____

Applicant's Address: _____

Property Owner's Name: _____ Phone #: _____

Property Owner's Address: _____

I _____ hereby submit this application and declare the above information to be accurate.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

APPROVED / DENIED _____
(Date)

(Building Inspector)