



OLD LYME HISTORIC DISTRICT COMMISSION

Memorial Town Hall, 52 Lyme Street, Old Lyme, CT 06371

HistoricDistrictCommission@oldlyme-ct.gov

“LIKE FOR LIKE” FORM (no application fee)

Address of property _____ Owner _____

Email Address _____ Phone Number _____

Mailing address _____

Signature of owner: _____ Date: _____

DESCRIPTION OF REPLACEMENT WORK TO BE PERFORMED

<input type="checkbox"/> Signage	<input type="checkbox"/> Fence/gate repair/replacement	<input type="checkbox"/> Stone wall/hedge repair/replacement
<input type="checkbox"/> Walkway repair/replacement	<input type="checkbox"/> Driveway repair/replacement	<input type="checkbox"/> Roof repair /replacement
<input type="checkbox"/> Exterior lighting repair/replacement	<input type="checkbox"/> Siding repair/replacement	<input type="checkbox"/> Window repair/replacement
<input type="checkbox"/> Foundation repair/replacement	<input type="checkbox"/> Chimney repair/replacement	<input type="checkbox"/> Other: _____

DETAILS OF “LIKE FOR LIKE” WORK TO BE PERFORMED

Signage: Size: _____ Location: _____ Type: _____

Fence/gate: Height: _____ Length: _____ Type: _____

Material: _____ Color: _____

Stone wall/hedge: Height: _____ Length: _____ Type: _____

Material: _____ Color: _____

Walkway/Driveway: Length: _____ Type: _____

Material: _____ Color: _____

Roof: Type: _____ Color _____ Material: _____

Description of building of proposed roof work (House, garage, shed, etc.)

Exterior Lighting: Type: _____ Color: _____

Siding/Windows: Type: _____ Color: _____ Material: _____

Description of building of proposed siding or window work (House, garage, shed, etc.)

Foundation: _____ Material: _____

Description of building of proposed foundation work (House, garage, shed, etc.)

Chimney: _____ Material: _____

Description of building of proposed chimney work (House, garage, shed, etc.)

Other: _____

Description of work to be done; attach separate sheet if necessary: