Gaithersburg
A CHARACTER COUNTS! CITY

**PLANNING AND CODE ADMINISTRATION**

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# HISTORIC AREA MASTER CERTIFICATE APPLICATION

*All information must be complete to initiate processing of application*

**SUBJECT PROPERTY**

Location _____

**APPLICANT**

Business Name _____ License Number _____

Primary Contact _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

**TYPE OF WORK (Check All that Apply)**

☐ Work is Visible from the Public Right of Way

☐ You Intend to Apply for Tax Credits *(see submission requirements)*

☐ There are Deed or Easement Restrictions on the Exterior of the Property *(see submission requirements)*

**WORK DESCRIPTION**