

Preservation Easement Program: Request for Project Approval

Name of Property: _____

Address: _____

Owner/Applicant: _____

Telephone Number (Home): _____ (Business): _____

Address (if different): _____

E-mail Address: _____

Description and Purpose of Proposed Alteration (please attach architectural drawings, sketches, site plans, description of material or other supporting documentation):

Effect of Proposed Alteration on Protected Features (please attach digital images showing existing conditions):

Architect, Carpenter/Contractor, Engineer or Consultant (if applicable):

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Applicant's Signature: _____ Date: _____

Please mail or e-mail completed forms to:

Historic New England Preservation Easement Program

185 Lyman Street

Waltham, MA 02452-5645

Easement@HistoricNewEngland.org

