



Maryland

DEPARTMENT OF PLANNING MARYLAND HISTORICAL TRUST

Historic Preservation Easement Program Change/Alteration Request Application

*This form is intended to be used by Maryland Historical Trust (MHT) Easement Property Owners and/or the Authorized Project Contact to initiate review of projects which require approval of the Director of the MHT as per the Deed of Easement. All **Change/Alteration Request Applications** must be submitted electronically (by email) along with pertinent supplemental information. Easement Program staff will evaluate the application for completeness and may require additional information to facilitate review by the Easement Committee and Director. The application review period (as specified by each Deed of Easement) will not commence until Easement Program staff has deemed the application to be complete.*

Return the **Change/Alteration Request Application**, and other information to:
Historic Preservation Easement Program
Maryland Historical Trust, 100 Community Place, Crownsville, MD 21032
mht.easements@maryland.gov

Easement Property Information

Name of Easement Property:			
Alternative Name:			
Address of Property:			County:
Maryland Inventory of History Places # (if known): (for more information visit http://mht.maryland.gov/research_survey.shtml)			
Scope of Easement: What does the Easement protect? (Check all the apply)	Exterior Interior Archaeology	Is the scope of work located inside an easement boundary?	Yes No

* For a copy of the easement document, please contact Kathy Monday (410) 697-9575 / kathy.Monday@maryland.gov

Property Owner Information

Name of Current Property Owner:			
Address of Property Owner: (If different than property address)			Purchase Date:
Work/Home Telephone:		Fax:	
Mobile Telephone:		Email:	

If application is completed by someone other than owner (only complete if applicable):

Name of Authorized Project Contact:			
Relationship to Owner:			
Address of Authorized Project Contact:			
Daytime Telephone:		Fax:	
Mobile Telephone:		Email:	

Project Funding Information:

<p>Is this project being funded by any of the following sources?</p> <p><i>Please check all that apply:</i></p>	<p>MHT Capital Grant (FY _____)</p> <p>MHT Loan</p> <p>MHAA Capital Grant (FY _____)</p> <p>AAHPP Grant (FY _____)</p> <p>Historic Tax Credits (Residential / Commercial)</p> <p>Bond Bill (Chapter _____ / Year _____)</p> <p>Other State/Federal Funding _____)</p> <p>Other Funding _____</p>
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Please check that you have included the following information as part of your complete application:

<p><i>Required:</i></p> <p>Change/Alteration Request Application</p> <p>Detailed Work Description</p> <p>Printed Photographs & CD; properly labeled/identified</p>	<p><i>As Necessary (Recommended):</i></p> <p>Site Plan/Drawings/Plans (dated _____)</p> <p>Product Information/Specifications</p> <p>Other _____</p>
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The Easement Property Owner and/or the Authorized Proposal Contact is encouraged to keep a duplicated copy of all application information sent to the MHT, including photos and plans, as the MHT staff may need to discuss the application with the applicant prior to submission to the Easement Committee.

Signature of Owner or Authorized Representative

Date

Detailed Work Description Form

(Include all construction, reconstruction, improvement, enlargement, painting and decorating, alteration, demolition, maintenance or repair, and excavation)

Work Item # _____

Architectural/Landscape Feature:	Describe, in detail, the proposed work and impact on existing feature:	
Approximate date of feature:	<i>Include details & specifications on proposed products</i>	
Describe existing feature and its condition:	Photo no.	Drawing no.

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