

Application Number 2026-03
Date of Hearing: 4/1/2026
Major or Minor: Minor

Town of Billerica
Billerica Historic Districts Commission

365 Boston Road. Room 105 Billerica, MA 01821 978-671-0962

Application for Historic Districts Commission Review

Under the Town of Billerica General By-laws, Article VII, Section 5, for properties in a local historic district, a certificate from the Historic District Commission is required before obtaining any building permit or before proceeding with construction projects affecting the exterior of the property. Submission of this application will begin the process of review for a Certificate of Appropriateness, Non-Applicability, or Hardship, which will be issued by the Historic District Commission as applicable.

Submit the application to: planning@billerica.gov

Application fee: Check payable to the Town of Billerica required with application.
\$25.00 for a minor-\$50.00 for a major

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TOWN CLERK
BILLERICA

I. Property Address 79 GRAY STREET
Property Owner Name BEVERLY CHORBAJIAN
Phone (508) 308-6169 Email bchor.law@gmail.com
Name of Contractor LOWES
Phone _____ Email _____
Est. Start Date April 20 2026 Est. Completion Date: April 20, 2026

II. Type of Structure:
 House Shed Fence Non-Residential
 Garage Wall Sign Other

Proposed Work:
 Addition New Construction Replacement Roofing
 Demolition Repair Alteration Other

STORM DOOR

III. Description of Work
On a separate page, please provide a detailed statement of the work to be completed, including information on materials, style of work, etc., referencing plans and photographs if appropriate. Please note if approval is needed or has been received from any other boards or departments (Planning, Zoning Board of Appeals)

Pictures were emailed previously to Jane Merrill

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IV. Supporting Documentation

Please provide any appropriate documentation for the project, including:

- Photographs (clear, in color, and current)
- Site Plan
- Building plans or elevations (no larger than 11 x 17)
- Product/material information (spec sheets from the manufacturer, photographs of installed examples)

We encourage applicants to consult with staff in order to determine what additional documentation should be provided.

Dimensions and materials should be clearly labeled on all plans.

For window replacement, please provide a photograph showing the full side of the building, and cross off the windows that are to be replaced.

For signs, please provide a rendering showing accurate dimensions and graphics, how it will be erected in its proposed location, along with current photographs of the proposed location.

V. Notice to Applicants

-The Commission generally hears applications for certificates on the first Wednesday of every month (subject to change). Applications should be submitted at least three weeks in advance for review and to satisfy public hearing notice requirements.

-An approved certificate shall expire six months from the time of issuance unless otherwise extended by the Commission.

-Certificates are specific to the project and owner cited on the application.

-Please notify the Commission in writing (email is acceptable) upon completion of the changes included in this certificate

Date of Hearing:	
Date of Decision:	
Signed By:	
Conditions:	

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**TOWN of BILLERICA
HISTORIC DISTRICTS COMMISSION
APPLICATION & CERTIFICATE**

You must apply for a Certificate before any work is started within a Historic District

Address where work is to take place: 79 GRAY STREET
OWNER (Name), BEVERLY CHORBAJIAN BO...
Mailing Address: 79 GRAY ST. Zip: 01821 Phone: 508-308-6169
Type of Structure :(please check one, you must also attach a picture or drawing of the structure)
 Residential: Commercial: Industrial: Municipal: Other:
Est. Start Date: APRIL 20 2026 Est. Completion Date: APRIL 20, 2026
Description of Work: (Please check all that apply)
New Construction: ___ Reconstruction: ___ Addition: ___ Alteration: ___ Moving: ___
Raising or Demolition: ___ Deck: ___ Fence: ___ Roof: ___ Sign or Appurtenance: ___
Painting (if other than residence): ___ Window: ___ Door: ___ Siding: (wood ___ vinyl ___ Alum. ___)
Masonry: Type _____
Other, Please Describe: STORM DOOR INSTALL

You must also attach a picture, a drawing, a manufacturer's brochure/ pamphlet or any other documentation that will help you explain/ show the type of changes being made

Note: No drawing or Plan or revision there of shall be deemed acceptable or approved unless it is stamped, Signed and dated by the HDC (Historic Districts Commission).

Please complete if applicable

Name and Address of Owners agent:
Signature: _____ Phone: _____

Tenant or Lessee:
Signature: _____ Phone: _____

For Commission Use Only:

Date of Receipt: _____ Plate # _____ Parcel # _____

Application for:
Certificate of Appropriateness _____ Date of Issue: _____

Certificate of Nonapplicability _____ Received by: _____

Certificate of Hardship _____ Fee Paid: \$ _____

Date Accepted: _____ Accepted as: Major _____ Minor _____

Signed: _____ Approved ___ Denied ___ Conditions ___ Date: _____