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Certificate #2514

**TOWN OF ACTON
HISTORIC DISTRICT COMMISSION**
472 Main Street, Acton, MA 01720

CERTIFICATE

Pursuant to Chapter 40C of the General Laws of Massachusetts and the Historic Districts Bylaw of the Town of Acton, the Acton Historic District Commission hereby issues a

CERTIFICATE OF NON-APPLICABILITY

for the work described below.

Applicant(or owner): Carolyn and Daniel Malloy Telephone: 978263 5525 Email: csmalloy5525@gmail.com
Danielmalloy5525@msn.com

Address: 10 Newtown Road Acton, MA

Location of Work 10 Newtown Road

District: Center X West South

Description of Proposed work:

Re-roof using "Certainteed Landmark Series" asphalt shingles.

* Excluded under Chapter P, Sect. 9.3: "...repair or replacement of any exterior architectural feature... which does not involve a change in design, material, or the outward appearance thereof,"...

Findings, Conditions, Requirements, Recommendations:

1. Replacement shingles shall be high-definition style. Ultra-high definition style shingles are not permitted. "Certainteed Landmark Series" asphalt shingles are acceptable.
2. Drip edge color must match wood trim color.
3. Ridge vent (if used) must run from gable end to gable end.
4. Chimney flashing (if used) must be lead or lead-coated copper. Mill finish aluminum is not permitted.
5. Any vent pipe flashing (if used) visible from Main Street must be black neoprene, copper or lead-coated copper. Mill finish aluminum is not permitted.
6. Vent pipes (if used) should be metal; if PVC then PVC should be painted a dark color.

The applicant may proceed with the proposed work provided all other approvals have been obtained, including a Building Permit or Sign License where required. This Certificate is valid for work commenced within one year of the date of issuance. An extension or renewal of the Certificate may be granted at the discretion of the commission. If a property changes ownership during the time the Certificate is in force, a new owner who wishes to continue the authorized work must apply to have a new Certificate issued in his or her own name.

Application received 4.24.25 Date of Public Hearing NA

Certificate approved by David Honn Date 5.1.25
for Historic District Commission

Copies to: Applicant, Building Commissioner, Town Clerk, HDC File

Application # 2514

TOWN OF ACTON
HISTORIC DISTRICT COMMISSION
472 Main Street, Acton, MA 01720

APPLICATION FOR CERTIFICATE

This information will be publicly posted on the Town of Acton website docushare.

Pursuant to Ch. 40C of the General Laws of Massachusetts, application is hereby made for issuance of the following Certificate for work within a Local Historic District (please check one):

Cert. of Appropriateness (Building Alteration/Sign/Fence/Change of Ownership) Fee: \$10 _____

Cert. of Appropriateness (Building Addition other than deck/New Bldg/Demolition) Fee: \$50 _____

Cert. of Hardship (for either category of Appropriateness) Fee: \$10 or \$50 (as appropriate) _____

Cert. of Non-Applicability _____ No Fee ☒

Fees waived for non-profit or municipal applicants.

Applicant: *Carolyn + Daniel Malloy*

Telephone: *978-263-5525*

Address: *10 Newtown Rd*
Acton, MA

E-mail: *csmalloy5525@gmail.com +*
danielmalloy5525@msn.com

Property owner and address:
(if different from applicant)

Contact information:

Location of Work:

District: Center ☒ West _____ South _____

No. *10* Street *Newtown Rd*

Description of Work: (See website Instructions regarding information that is here required)

Replace roof on detached garage with CertainTeed
handmark asphalt shingles as described on
attachment. Photos of garage seen from road also attached.

I, the undersigned hereby certifies that the information on this application and any plans submitted herewith are correct, and constitute a complete description of the work proposed. By my signature below, I acknowledge that this application and all its data will be publicly posted on the Town of Acton website docushare.

Signature of applicant *Carolyn S Malloy* Date: *4/24/2025*

Application received by _____ for HDC Date: _____

COA approved/CNA issued by _____ for HDC Date: _____

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We hereby propose to supply the materials for and perform the labor necessary for the completion of:

Strip approx. 10 sq. asphalt shingles from garage roof.

Inspect roof deck and repair any damaged or rotten boards*

Install roof paper and new Certainteed Landmark asphalt shingles color to match main house as close as possible. (Charcoal)

Install new caps. Remove all associated debris via on site dumpster.

* Roof deck repair to be charged on a time and materials basis

Setback garage at 10 Newtown Road as seen from street.

