

APPLICATION FOR ARCHITECTURAL DESIGN REVIEW APPROVAL

CITY OF CONCORD, NH - PLANNING BOARD

GENERAL INFORMATION

OWNER'S NAME: DSM MB II LLC
STREET ADDRESS: 80 BOX 419030 Boston MA 02241-9030
CITY, STATE, & ZIP CODE: _____
TELEPHONE #: 978 851 0200 EMAIL ADDRESS: _____

AGENT'S NAME (IF APPLICABLE): Gilberto Reyes
STREET ADDRESS: 22 Loundon RD
CITY, STATE, & ZIP CODE: Concord NH 03303
TELEPHONE #: 603 233 2407 EMAIL ADDRESS: greyes1314@hotmail.com

APPLICATION FEE \$ _____

For the property being reviewed, please complete the following:

TYPE OF DESIGN REVIEW: ☐ SITE IMPROVEMENTS ☐ NEW CONSTRUCTION ☐ RENOVATION

PROPERTY ADDRESS: 22 Loundon RD
ABUTTING STREETS: Concord NH 03303
EXISTING LOT SIZE(S): _____ ACRES OR _____ SQUARE FEET

ASSESSOR'S MAP/BLOCK/LOT #(s): / / / / / /

ZONING DISTRICT(S): _____

OVERLAY DISTRICTS (CHECK ALL THAT APPLY):
HISTORIC (HI): _____ SHORELAND PROTECTION (SP): _____ FLOOD HAZARD (FH): _____
AQUIFER PROTECTION (AP): _____ PENACOOK LAKE WATERSHED PROTECTION (WS): _____

PROJECT DESCRIPTION

Please provide a brief description of your project in the space below.

Construction of a patio Pergola as A decoration
Element for seating Exterior

REQUIRED INFORMATION

Please provide a detailed project narrative that describes the existing conditions of the property and the proposed improvements. Include with this project narrative photos of the existing structure and/or site from various vantage points and, as applicable, plans, elevations and details of the proposed work, including materials, colors, windows, landscaping, signage, and any other information that will help us understand your project.

YOUR PROJECT WILL NOT BE CONSIDERED COMPLETE WITHOUT A DETAILED PROJECT NARRATIVE.

PROFESSIONAL SUPPORT

Please provide contact information for each professional involved in the preparation of this application, including the engineer, architect, surveyor, attorney, wetland scientist, landscape architect, etc.

NAME: Gilberto Reyes PROFESSION: _____
STREET ADDRESS: 20 Emily Way
CITY, STATE, & ZIP CODE: Concord NH 03303
TELEPHONE #: 603 233 2407 EMAIL ADDRESS: greyes2314@hotmail.com

NAME: _____ PROFESSION: _____
STREET ADDRESS: _____
CITY, STATE, & ZIP CODE: _____
TELEPHONE #: _____ EMAIL ADDRESS: _____

ATTACH ADDITIONAL SHEETS AS NECESSARY FOR ALL PROFESSIONALS INVOLVED WITH THE PROJECT

ENDORSEMENTS

I hereby request that the City of Concord Planning Board review this application for Architectural Design Review approval, including all plans, documents, and information herewith. I represent to the best of my knowledge and belief that this application is being submitted in accordance with the Architectural Design Review Guidelines and all regulations of the City of Concord Planning Board. I also understand that submittal of this application for Architectural Design Review approval shall be deemed as granting of permission for the City staff, Planning Board members, and their designees to enter onto the property for purposes of inspection and review. Permission to visit the property extends from the date an application is submitted to the Planning Division until approved work or construction is complete and any or all of the financial guarantees have been returned to the applicant, or until or the application is formally denied.

SIGNATURE OF PROPERTY OWNER

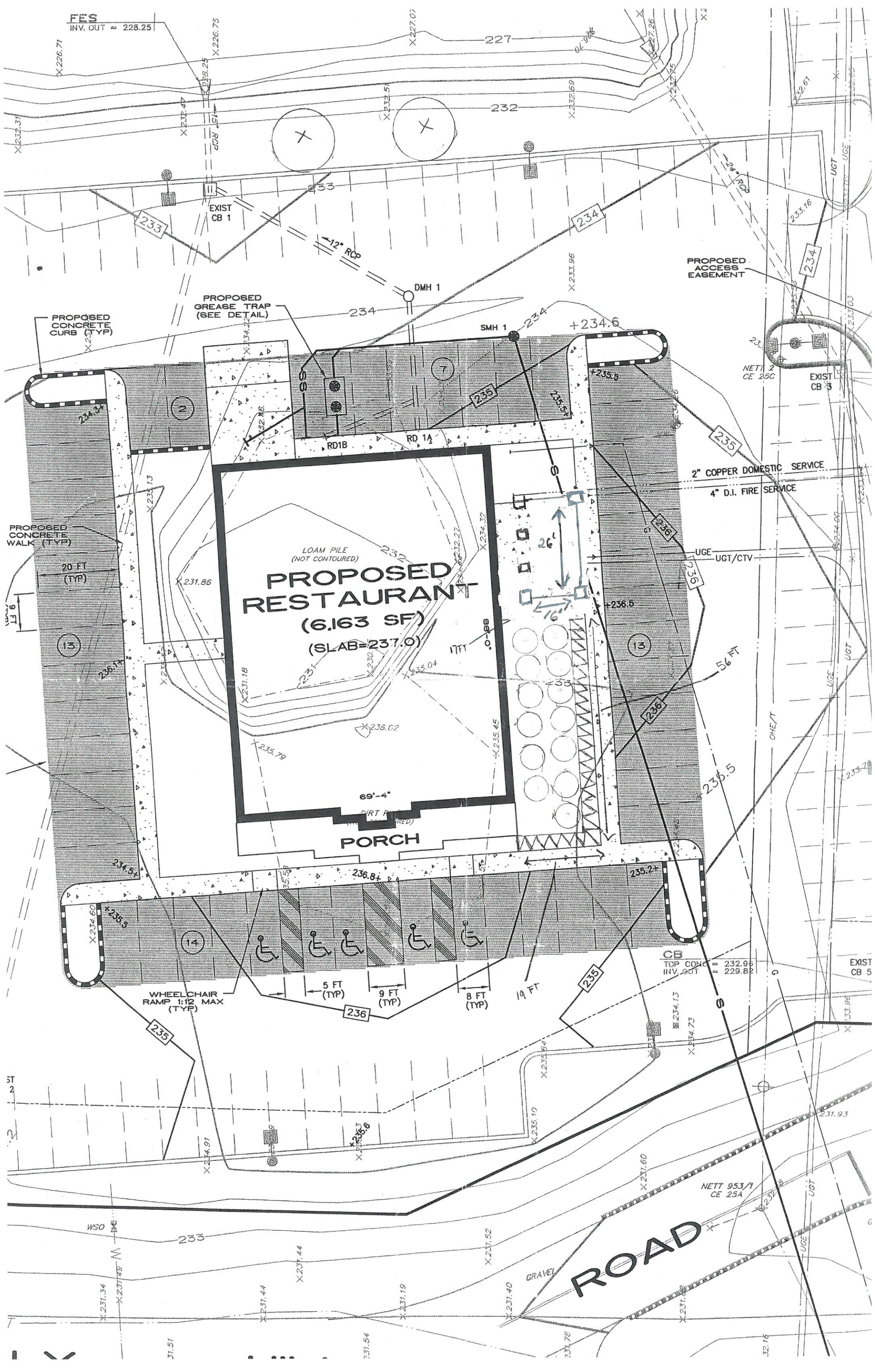
DATE

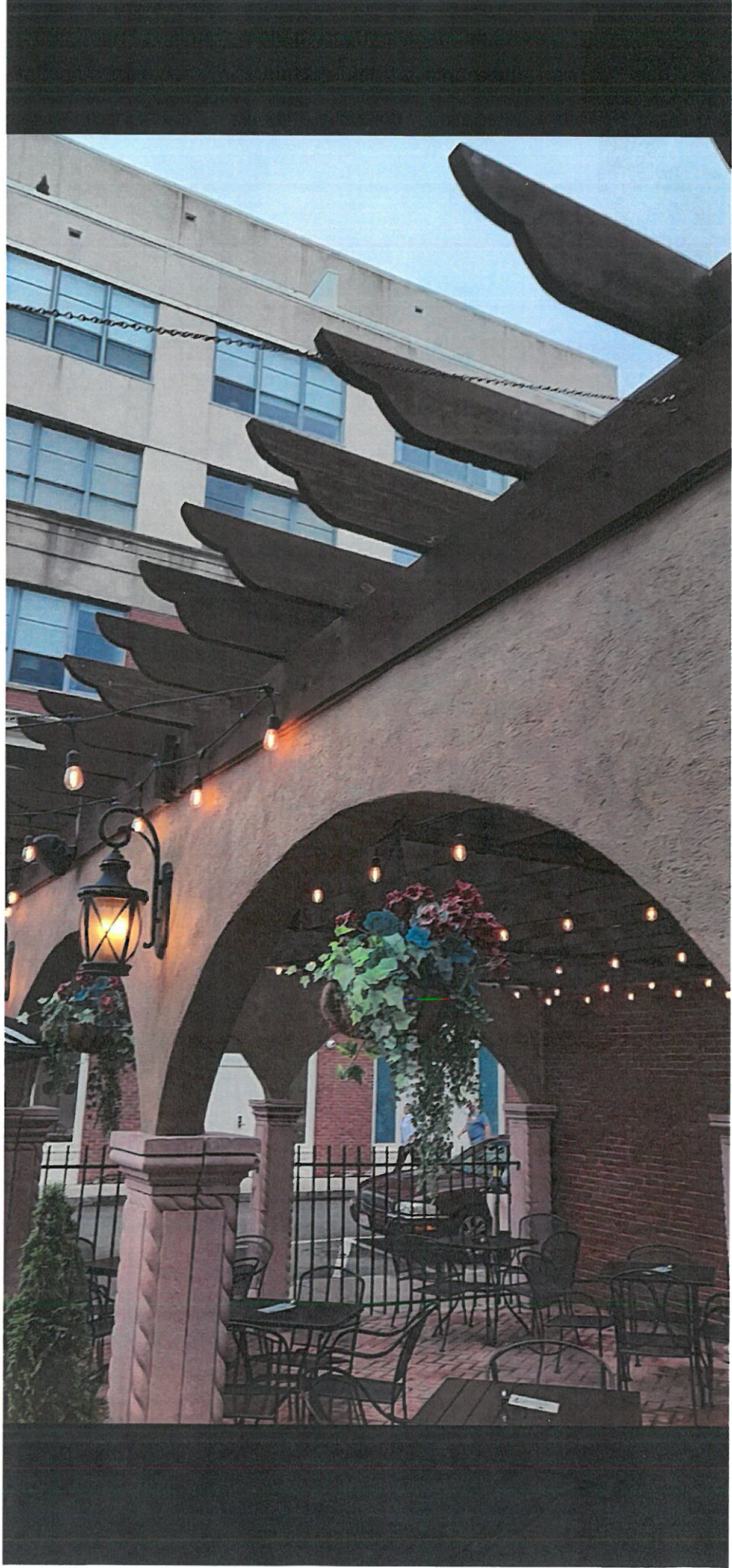
SIGNATURE OF AGENT (IF APPLICABLE)

DATE

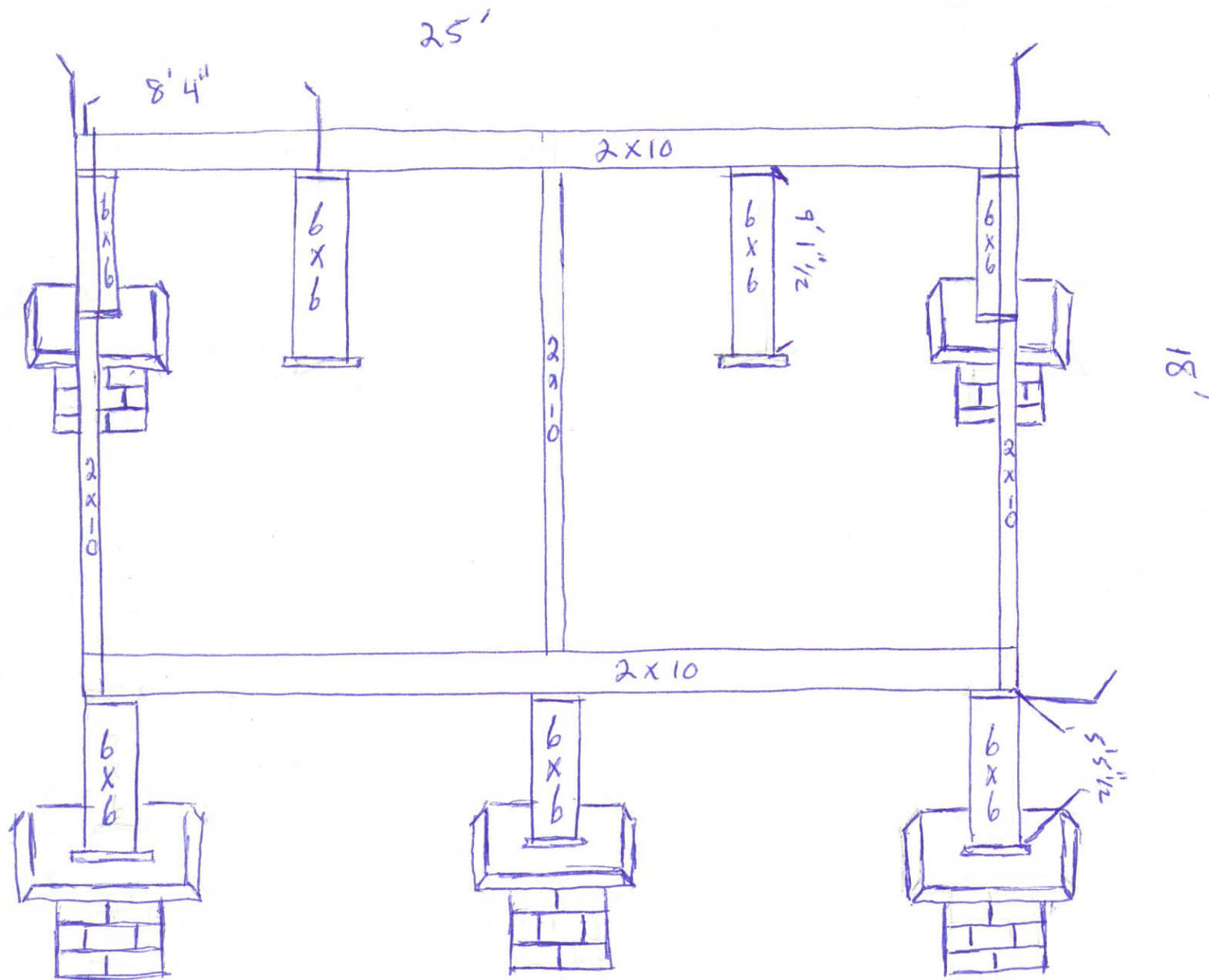
7/26/22

FES
INV. OUT = 228.25









overall height 10'6"

2x10 Frame 16"oc.

2x8 overlays 20"oc

6x6 Posts



Pergola Bracing

and overhangs 2000.
6 6 Posts

