



# Revolving Fund Property Alteration Request Form

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Address \_\_\_\_\_

Describe proposed change to property:

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Reason for proposing change:

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\*Please attach a copy of any relevant drawings or pictures to this form

Approved by Historic Salisbury Foundation

Denied by Historic Salisbury Foundation

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Property Owner/Representative

Date

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Historic Salisbury Foundation Representative

Date