



MASSACHUSETTS 01720

ACTON HISTORICAL COMMISSION

Marker Program for Historic Structures – Owner Application

Owner's Name: _____ Owner's phone #: _____

Address of Structure: _____ Owner's Email: _____

Qualification for Marker: ☐ Expedited Review (pre-1900 and on the Cultural Resource List or in a Historic District)

☐ Other Structure (explanation below – attach separate pages if necessary)

Size: 12" x 16"

Photos and Inventory Form Attached: YES ☐ NO ☐

Selected Design (circle one):

DATE

Original Owner
or Architect
DATE

DATE
Historic Use

Original Owner
or Architect
DATE
Historic Use

Sign Text:

Approval of Historical Commission: _____