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Certificate #2535

**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): David Shoemaker, Virginie Landre Telephone: 617 283 5362  
Email: dhs@mit.edu

Address: 14 Newtown Road, Acton, MA

Location of Work 14 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 "Certainteed Landmark Series" asphalt shingles.  
Color as selected by Owner.
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 Newtown Road 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 10.29.25 Date of Public Hearing NA

Certificate approved by David Honn Date 11.5.25  
for Historic District Commission

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

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2025 OCT 29 PM 3:19

Application # 2535

**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: David Shoemaker, Virginie Landré Telephone: 617 283 5362

Address: 14 Newtown Road

E-mail: dhs@mit.edu

Property owner and address:  
(if different from applicant)

Contact information:

Location of Work:

District: Center  West  South

No. Street

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

Reroof house with Certainteed Landmark shingles (Charcoal) by LaBelle Roofing. Drip edge to be painted trim color. Neoprene black plumbing vent boot; PVC pipe to be painted to match roof. Visible chimney flashing will be lead. Ridge vent (if used; not currently planned) will run from gable end to gable end.

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



Date: 29 Oct 2025

Application received by \_\_\_\_\_ for HDC Date: \_\_\_\_\_

COA approved/CNA issued by \_\_\_\_\_ for HDC Date: \_\_\_\_\_

