

CERTIFICATE OF APPROPRIATENESS (HISTORIC DISTRICT) APPLICATION



132 E. Broad Street, P.O. Box 507, Linden, MI 48451
Phone: (810) 735-7980 Fax: (810) 735-4793

SECTION TO BE FILLED OUT BY APPLICANT

Resource Address: _____
Property Owner: _____
Phone: _____ Email: _____
Address: _____ City _____ State _____ ZIP _____

Resource on National Register: yes _____ no _____ State Register: yes _____ no _____

Description of Proposed Work (Include existing materials and proposed materials, color selections, and lettering styles): _____

(Attach conceptual drawing or sketch of proposed work)

Fire Alarm System/Smoke Alarm: PA 67 of 2004 amending PA 169 of 1970 has been amended to require project applicants to certify that on or before the date of completion of proposed work their buildings will have a code compliant smoke detector or fire alarm system. Failure to provide such certification will constitute an incomplete application. **I CERTIFY THAT ON OR BEFORE THE DATE OF COMPLETION OF THE PROPOSED WORK THE BUILDING WILL HAVE A CODE COMPLIANT SMOKE DETECTOR OR FIRE ALARM SYSTEM.**

Signature of Applicant: _____ Date: _____

This certificate of appropriateness application and any supporting documents must be submitted and all fees paid at least 7 days prior to the next regularly scheduled Historic District Commission meeting.

Certificate of Appropriateness Application Fee: \$50

I certify that the information given herein is true and correct to the best of my knowledge:

Signature of Applicant: _____ Date: _____

THIS SECTION FOR HDC USE ONLY

Fee Paid: _____ Date: _____ Referred to HDC Meeting Date: _____

HDC Action: _____ approved _____ denied

Approved with the following conditions: _____

Signature of Chairperson: _____ Date: _____