

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 14 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: _____