

FARMINGTON HILLS HISTORIC DISTRICT COMMISSION
31555 W. Eleven Mile Road
Farmington Hills, MI 48336
248-871-2544

APPLICATION FOR HISTORIC DISTRICT COMMISSION REVIEW

Historic District No.: # _____

DATE SUBMITTED: _____ RECEIVED BY: _____ CHECKED BY PLANNING: _____

I (WE) the undersigned, do hereby make application to the Historic District Commission for approval of the request described below in accordance with Chapter 15 of the Farmington Hills City Code.

INSTRUCTIONS FOR SUBMITTING APPLICATIONS

This application must be filed with the Planning Office no later than the 18th day of the month to be heard the following month's regularly scheduled meeting. The applicant must appear in person, or by a representative authorized in writing to appear on his/her behalf.

Applications must be submitted with all information typewritten or legibly printed in ink. All requested information and all plans necessary must be provided prior to being placed on the agenda. Additional pages containing other information the applicant feels will aid the Commission in reaching its decision should be attached. **Thirteen copies of all plans, reports or support documentation must be submitted with the application.**

SITE CHARACTERISTICS

Subject Property Address: _____

Subdivision and Lot # (if applicable): _____

Sidwell/Tax I.D. No.: #23 _____

Description of Request: _____

Size of proposed structure, alteration, or addition (if applicable):

Depending upon the nature of the request, the following items may be required for submission with the application:

1. Site Plans drawn to scale.
2. Photographs of the property or structure and of adjacent property.
3. Property surveys drawn by a registered surveyor.
4. Building or structure elevations (renderings).

The Property is owned by:

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____

Owner Signature: _____ Date: _____

Smoke Detector/Fire Alarm System:

Please mark box in affirmation.

Per the amended Public Act 169 of 1970 this building complies or will comply with the required smoke detector or fire alarm system prior to the completion of work requested on this application.

Applicant:

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____

Applicants interest in property (if other than the owner)

Signature of Applicant: _____ Date: _____

If you have questions regarding requirements for submission, please contact the Farmington Hills Planning Office at 248-871-2544.