

Application Complete:

Labels Prepared:

120 Days:

HD		FEE: \$	\$100.00
HISTORIC DESIGNATION			
Property Location: Address:			
Lot	Block	Subdivision	
Мар	Tax Lot	Zone	
Applicant Name:			
Mailing Address:			
Phone:	Business Phone:	Email:	
Property Owner's Name:			
Mailing Address:			
Business Name (if applicable):		
Signature of Applicant:		Date:	
Signature of Property Owner:		Date:	
	ation and state why this re	rchitectural description of the building or quest should be approved. The City may oposal.	
each month. Completed applementh's agenda. A pre-applied	ications must be received cation meeting with the Play complete applications will	ion meets at 5:15 pm on the third Tuesda by the 13th of the month to be on the nea inner is required prior to the acceptance I be scheduled on the agenda. Your atte nmended.	xt of the
owner to remove from the pro the local government." This of Places, or properties located	perty a historic property do loes not apply to propertie within a National Register	s that "A local government shall allow a presignation that was imposed on the propes listed on the National Register of Histor Historic District. It also does not apply to erty owner as it is not "imposed" by the C	erty by ric an

Fee Paid Date_____By ___

Permit Info Into D-Base:

Tentative HLC Meeting Date: