

REQUEST FOR HISTORIC BUILDING PERMIT

Dated this ___ day of _____ 20__

Signature of Applicant

Phone Number

Printed Name of Applicant

Address of Property

Present and Historic Name of Building

Date Built

Owner/Agent (Name & Address) Please Print

Project Description (Please Print Clearly)

Plans Attached: Yes ___ No ___ Estimated Cost of Improvements _____

Estimated Amount of Time Needed to Complete Work _____ Start Date _____

Action: Approved _____ Denied _____ Deferred _____ Date of Meeting _____	
Conditions: _____ _____	
Reasons for Deferral/Denial _____ _____	
Signature of Historic Commission Chair _____	Date _____
Signature of Staff _____	Date _____