

HISTORIC DISTRICT COMMISSION PERMIT REVIEW APPLICATION

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____

HISTORIC DISTRICT IN WHICH PROPERTY IS LOCATED:

HERITAGE SQUARE

OLD SAGINAW CITY

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

OWNERS'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

ARCHITECT, ENGINEER OR
CONTRACTOR'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

NEW CONSTRUCTION

EXTERIOR ALTERATIONS AND/OR REPAIRS

MOVEMENT OR DEMOLITION OF A STRUCTURE

SIGN INSTALLATION

GENERAL DESCRIPTION OF PROJECT: _____

PROJECT DURATION:

START: _____

COMPLETE: _____

ADDITIONAL INFORMATION REQUESTED:

SITE PLAN – SHOW ALL PROPERTY LINES & BUILDINGS

FRONT & SIDE ELEVATIONS

SAMPLES OF BUILDING MATERIALS TO BE USED

DRAWINGS OF PROPOSED SIGN – INCLUDE SIZE, MATERIAL & LOCATION ON PROPERTY

PHOTOGRAPHS

APPLICANT’S SIGNATURE: _____

DATE: _____

OWNER’S SIGNATURE: _____

DATE: _____