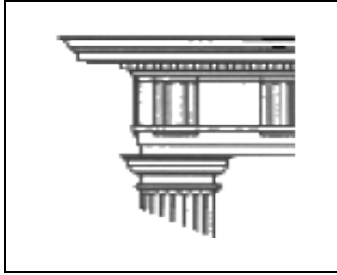


Meeting Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Case # \_\_\_\_\_ - \_\_\_\_\_



## Allegan Historic District Application for Project Review

# AHDC

Allegan Historic District Commission  
231 Trowbridget St.  
Allegan, MI 49010  
Ph: 269-673-5511 Fax: 269-673-2869

**1. Address & Parcel # Where Work is to be Performed** \_\_\_\_\_ #03-51- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Property parcel number)

**2. Owner/Applicant Information:**

<i>Property Owner Information</i>	<i>Applicant Information (if different from Property Owner)</i>
Owners Name:	Name:
Contact Name:	Contact Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
E-mail address:	E-mail address:

**3. Type of Project:**     Adaptive Use     Addition     Alteration     Maintenance     Demolition  
*(Check all that apply)*     New Construction     Preservation     Rehabilitation     Signs

**4. Describe Proposed Project:** *(Briefly describe project in outline format on this form)*


*(Continue on additional page if necessary)*

**5. Estimated Cost of the Project:** *(Please attach all estimates for review if applicable)* \_\_\_\_\_

**6. Documentation:** *(Please note that all applicable documentation noted below is required before an application will be accepted.)*

- Photographs showing overall front structure/streetscape;
- Detail photographs of features affected by project;
- Site plan/floor plan showing existing structure, street locations, and proposed new elements;
- Elevations, dimensioned and showing appearance of proposed project;
- Construction details as needed to explain and clarify the project;
- Complete materials list/specification (include type of finishes used if applicable--paint, stain etc. etc.)

**7. Certification and Agreement:**

I hereby certify that I will complete the project described herein as approved by Allegan Historic District Commission (AHDC) as required by the Historic Preservation Ordinance (Chapter 13, Allegan Municipal Code). I understand that the AHDC or its Staff will monitor this project to ensure compliance with the approved design. I also authorize the AHDC or its Staff to perform visual inspections as part of the compliance verification process.

Signature of Owner or Applicant \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**8. RETURN THIS FORM AND SUPPORTING MATERIALS ON OR BEFORE APPLICATION DEADLINE TO:**

Professional Code Inspections  
 Lori Castello  
 1575 142<sup>nd</sup> Ave  
 Dorr, MI 49323  
 Ph: 616-877-2000 Fax: 616-628-3335  
 EMAIL: lcastello@pcimi.com

	Application Deadline (Two Wks. Prior)	AHDC Meeting Date
<b>January 2020</b>	December 31, 2009	January 6, 2020
<b>February 2020</b>	January 24, 2020	February 3, 2020
<b>March 2020</b>	February 21, 2020	March 2, 2020
<b>April 2020</b>	March 27, 2020	April 6, 2020
<b>May 2020</b>	April 24, 2020	May 4, 2020
<b>June 2020</b>	May 29, 2020	June 1, 2020
<b>July 2020</b>	June 26, 2020	July 6, 2020
<b>August 2020</b>	July 24, 2020	August 3, 2020
<b>September 2020</b>	August 28, 2020	September 8, 2020 (Tuesday)
<b>October 2020</b>	September 25, 2020	October 5, 2020
<b>November 2020</b>	October 23, 2020	November 2, 2020
<b>December 2020</b>	November 27, 2020	December 7, 2020