Meeting Date	//	
Case #	_	



## Allegan Historic District Application For Project Review

## AHDC

Allegan Historic District Commission 112 Locust St. Allegan, MI 49010 Ph: 269-673-5511

Ph: 269-673-5511 Fax: 269-673-2869

Owner/Applicant In	formation:			
Property Owner Information			Applicant Information (if different from Property Owner)	
Owners Name:			Name:	
Contact Name:			Contact Name:	
Address:			Address:	
Phone:			Phone:	
Fax:			Fax:	
E-mail Address:			E-mail Address:	
	□Adaptive Use □New Construction	□ Addition □ Preservation	□ Alteration □ Maintenance □ Demolition	
Type of Project:	_	□Preservatio	☐ Alteration ☐ Maintenance ☐ Demolition	
Type of Project:	□New Construction	□Preservatio	☐ Alteration ☐ Maintenance ☐ Demolition	
Type of Project:	□New Construction	□Preservatio	☐ Alteration ☐ Maintenance ☐ Demolition	
Type of Project:	□New Construction	□Preservatio	☐ Alteration ☐ Maintenance ☐ Demolition	
Type of Project:	□New Construction	□Preservatio	☐ Alteration ☐ Maintenance ☐ Demolition	
Type of Project:	□New Construction	□Preservatio	☐ Alteration ☐ Maintenance ☐ Demolition	
Type of Project:	□New Construction	□Preservatio	☐ Alteration ☐ Maintenance ☐ Demolition	
Type of Project:	□New Construction	□Preservatio	☐ Alteration ☐ Maintenance ☐ Demolition	
Type of Project:	□New Construction	□Preservatio	☐ Alteration ☐ Maintenance ☐ Demolition	
. Type of Project:	□New Construction	□Preservatio	☐ Alteration ☐ Maintenance ☐ Demolition	

Case #
5. Estimated Cost of the Project: (Please attach all estimates for review (if applicable)
6. Documentation: (Please note that <u>all applicable</u> 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;
☐ Appearance of proposed project (including elevations and dimensions);
☐ Construction details as needed to explain and clarify the project;
☐ Complete materials list/specification (include type of finishes used if applicable-paint, stain, 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:
Print Name:Date:

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

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

Professional Code Inspections Lori Castello 1575 142nd Ave. Dorr, MI 49323

Ph: 616-877-2000 or 1-800-628-3335

Fax: 616-877-4455 E-mail: lori@pcimi.com

<u>Month</u>	Application Deadline	<b>HDC Meeting Date</b>
	(Friday Two Weeks Prior)	(First Monday of the Month)
		*Tuesday for September Meeting
January 2019	<b>December 28, 2018</b>	<b>January 7, 2019</b>
February 2019	<b>January 25, 2019</b>	<b>February 4, 2019</b>
March 2019	February 22, 2019	March 4, 2019
April 2019	March 22, 2019	April 1, 2019
May 2019	April 26, 2019	May 6, 2019
June 2019	May 24, 2019	<b>June 3, 2019</b>
July 2019	June 21, 2019	<b>July 1, 2019</b>
August 2019	<b>July 26, 2019</b>	August 5, 2019
September 2019	August 23, 2019	September 3, 2019
October 2019	<b>September 27, 2019</b>	October 7, 2019
November 2019	October 25, 2019	November 4, 2019
December 2019	November 22, 2019	<b>December 2, 2019</b>
January 2020	<b>December 27, 2019</b>	<b>January 6, 2020</b>