

Meeting Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Case # \_\_\_\_\_ - \_\_\_\_\_



City of Allegan  
231 Trowbridge St.  
Allegan, MI 49010  
Ph. (269) 673-5511

# City of Allegan Allegan Historic District Project Review Application

### 1. Property Information

Property Parcel Number: #03 – 51– \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Property Address: \_\_\_\_\_ Allegan, MI 49010

### 2. Owner/Applicant Information

<i>Property Owner Information</i>	<i>Applicant Information (if different from Property Owner)</i>
Owner's Name:	Name:
Contact Name:	Contact Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Fax (if applicable):	Fax (if applicable):

### 3. Type of Project (Check all that apply)

- Adaptive Reuse       Addition       Alteration       Maintenance       Demolition
- New Construction       Preservation       Rehabilitation       Signs

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

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(Continue on additional page if necessary)

**5. Estimated Cost of 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 the overall front of structure/streetscape;
- Detailed photographs of property 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; and
- Complete materials list/specifications (include type of finish used if applicable—paint, stain, etc.)

**7. Certification and Agreement:**

I hereby certify that I will complete the project described herein as approved by the 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](mailto:lcastello@pcimi.com)

In order for your application to be presented in front of the Allegan Historic District Commission, the application deadline for submitting your form and supporting materials is at least two (2) weeks prior to the meeting date that you wish your application to be considered. The Allegan Historic District Commission meets the first Monday of every month at 7:00pm at City Hall (231 Trowbridge St., Allegan, MI 49010). To view the City of Allegan’s public meeting calendar, please visit [cityofallegan.org](http://cityofallegan.org).

If you have any questions regarding this form, please contact Professional Code Inspections at (616) 877-2000.

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For Office Use Only

Date Application Received: \_\_\_\_\_ Date of Hearing: \_\_\_\_\_

Date Action Taken: \_\_\_\_\_ Approved  Denied