



**TRAVERSE CITY HISTORIC DISTRICTS COMMISSION
APPLICATION FOR**

HISTORICAL PRESERVATION PERMIT

Date of Application: _____

Property Address: _____

Local Historic District: _____

Existing Zoning Classification: _____

Architectural / Design Firm: _____

Address: _____

Description of Plans: _____

THE COMPLETED APPLICATION SHALL BE SUBMITTED TO THE CITY PLANNING DEPARTMENT A MINIMUM OF 10 DAYS PRIOR TO THE MEETING AT WHICH THE REQUEST WILL BE CONSIDERED AND SHALL MEET ALL REQUIREMENTS LISTED ON THE REVERSE SIDE.

Owner Name: _____ Phone: _____ Fax: _____

Address: _____

Signature of Owner: _____

Signature of Applicant (if different): _____

Relationship of Applicant to Owner: _____

SUBMISSION REQUIREMENTS

To be considered by the Traverse City Historic Districts Commission, ten (10) copies of your plan drawn to scale, including the following items, must be submitted to the Planning Department:

1. Plans describing the proposed changes, showing the structure in question and also showing its relationship of the exterior architectural features of such structure to the rest of the structure.
2. Drawing and/or photographs showing the relationship of the exterior architectural features of such structure to the rest of the structure.
3. Drawings must clearly show the exterior design, arrangement, texture and materials proposed to be used.
4. The major improvement program, if any, shall be submitted in writing.
5. For demolition requests, an analysis of the economic feasibility of preservation of the structure shall be submitted.
6. Any other information deemed to be pertinent to the secretary and within the purpose of this ordinance.