

# REFERENCES

8

## General References and Bibliographies

National Trust for Historic Preservation. *Landmark Yellow Pages*. Washington, D.C.: The Preservation Press, 1993.

Maddex, Diane. *All About Old Buildings: The Whole Preservation Catalog*. Washington, D.C.: The Preservation Press, 1985.

Phillips, Steven. *Old House Dictionary*. Lakewood: American Source Books, 1989.

## History and Architectural Styles

McAlester, Virginia and Lee. *A Field Guide to American Houses*. New York: Alfred A. Knopf, 1991.

Whiffen, Marcus. *American Architecture since 1780: A Guide to the Styles*. Cambridge: The MIT Press, 1969.

## Preserving Building Materials

Gayle, Margot, David Look, and John Waite. *Metals in America's Historic Buildings: Uses and Preservation Treatments*. Washington, D.C.: U.S. Department of Interior National Park Service, Preservation Assistance, 1992.

Kitchen, Judith. *Caring for your Old House: A Guide for Owners and Residents*. Washington, D.C.: The Preservation Press, 1991.

London, Mark. *Masonry: How to Care for Old an Historic Brick and Stone*. Washington, D.C.: The Preservation Press, 1988.

New York Landmarks Conservancy. *Repairing Old and Historic Windows*. Washington, D.C.: The Preservation Press, 1992.

## Preserving Materials, cont.

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### Preservation Briefs

U.S. Department of the Interior, National Park Service Preservation Assistance Division  
*Preservation Briefs* may be purchased from the Superintendent of Documents, (202) 783-3238.  
The Northville Public Library also has a set available for reference.

- 1 The Cleaning and Waterproof Coating of Masonry Buildings
- 2 Repointing Mortar Joints in Historic Brick Buildings
- 3 Conserving Energy in Historic Buildings
- 4 Roofing for Historic Buildings
- 5 Preservation of Historic Adobe Buildings
- 6 Dangers of Abrasive Cleaning to Historic Buildings
- 7 The Preservation of Historic Glazed Architectural Terra cotta
- 8 Aluminum and Vinyl Siding on Historic Buildings
- 9 The Repair of Historic Wooden Windows
- 10 Exterior Paint Problems on Historic Woodwork
- 11 Rehabilitating Historic Storefronts
- 12 The Preservation of Historic Pigmented Structural Glass
- 13 The Repair and Thermal Upgrading of Historic Steel Windows
- 14 New Exterior Additions to Historic Buildings: Preservation Concerns
- 15 Preservation of Historic Concrete: Problems and General Approaches
- 16 The Use of Substitute Materials on Historic Building Exteriors
- 17 Architectural Character: Identifying the Visual Aspects of Historic Buildings as an Aid to Preserving their Character.
- 18 Rehabilitating Interiors in Historic Buildings
- 19 Repair and Replacement of Historic Wooden Shingle Roofs
- 20 The Preservation of Historic Barns
- 21 Repairing Historic Flat Plaster Walls and Ceilings
- 22 The Preservation and Repair of Historic Stucco
- 23 Preserving Historic Ornamental Plaster
- 24 Heating Ventilating and Cooling Historic Buildings
- 25 The Preservation of Historic Signs
- 26 The Preservation and Repair of Historic Log Buildings
- 27 The Maintenance and Repair of Architectural Cast Iron
- 28 Painting Historic Interiors
- 29 The Repair, Replacement and Maintenance of Historic Slate Roofs
- 30 The Preservation and Repair of Historic Clay Tile Roofs
- 31 Mothballing Historic Buildings
- 32 Making Historic Properties Accessible
- 33 The Preservation of Historic Stained and Leaded Glass
- 34 Applied Decoration for Historic Interiors. Preserving Composition Ornament
- 35 Understanding Old Buildings: The Process of Architectural Investigation
- 36 Protecting Cultural Landscapes: Planning, Treatment and Management of Historic Landscapes
- 37 Appropriate Methods for Reducing Lead-Paint Hazards in Historic Housing
- 38 Removing Graffiti from Historic Masonry
- 39 Holding the Line: Controlling Unwanted Moisture in Historic Buildings
- 40 Preserving Historic Ceramic Tile Floors

## Interiors

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Nylander, Jane. *Fabrics for Historic Buildings*. Washington, D.C.: The Preservation Press, 1990.

Nylander, Richard. *Wallpapers for Historic Buildings*. Washington, D.C.: The Preservation Press, 1992.

Von Rosenstiel, Helene and Gail Caskey Winkler. *Floor Coverings for Historic Buildings*. Washington, D.C.: The Preservation Press, 1988.

Moss, Roger. *Lighting for Historic Buildings*. Washington, D.C.: The Preservation Press, 1988.

## Paint and Color

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Benjamin Moore and Sherwin Williams both have lines of historic colors, and publish pamphlets which illustrate color combinations for given periods. There may be other manufacturers. Ask for these at your paint supply store.

Moss, Roger. *Century of Color: Exterior Decoration for American Buildings 1820-1920*. Watkins Glen: American Life Foundation, 1981.

Bock, Gordon. "Colorful Issues in Choosing Exterior Paint", *Old House Journal*. July, 1996.

Poore, Patricia. "Trim Color Dos and Don'ts." *Old House Journal*. August 1998.

## Magazines and Catalogs

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*Old House Journal*. Call (800) 234-3797. or on line at: [www.oldhousejournal.com](http://www.oldhousejournal.com)

*Preservation: The Magazine of the National Trust for Historic Preservation*. Call (800) 944-6847

*Clem Labine's Traditional Building: The Professional's Source*. Fax (718) 636-0750, or on line at: [www.traditional-building.com](http://www.traditional-building.com)

*Antique Hardware and Home Store*.  
Call (800) 422-9982. or on line at [www.antiquehardware.com](http://www.antiquehardware.com)

*Rejuvenation Lamp and Fixture Company: Manufacturer's of Reproduction Lighting*. Call (888) 401-1900. or on line at: [www.rejuvenation.com](http://www.rejuvenation.com)

## Glossary

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Anachronism – An architectural element, finish, or addition that does not fit into its context chronologically (for instance, aluminum siding on an 18<sup>th</sup> century house).

Balustrade – A railing at a stairway, porch or roof that is supported by individual decorative posts called balusters.

Board & batten siding – Siding of vertical or horizontal boards with narrow vertical strips, or battens, at the intersections covering the joint.

Casement window – A window with sash pivoting outward on a vertical hinge at the jamb.

Casing – The finished visible framework around a door or window.

Corbelling – A series of projections, each stepped out further than the one below it; most often found on masonry walls and chimneys.

Cornice – The projection at the top of a wall. The top course or molding of a wall when it serves as a crowning member.

Course – A horizontal row of bricks, stones, or other masonry units. The meaning of the term is often extended to include any material arranged in a row (e.g., roof shingles).

Cupola – A small tower-like structure on a roof, often carrying a weathervane or finial.

Dormer – A vertical window projecting from the slope of a roof; usually provided with its own roof.

Double-Hung Window – A window having sash that operate vertically past each other; described by the number of lights in the upper and lower sash, for instance, six-over-six (6/6), nine-over-six (9/6), two-over-two (2, 2).

Eave – A section of roof that projects over an exterior wall.

Exposure – The portion of horizontal wood siding that is left “exposed” between the overlapping boards.

Facade – The front, or “face” of a building.

Flashing – Waterproof material, often metal, which makes an intersection of materials weathertight; found at all roof openings.

Gable – The triangular end of an exterior wall in a building with a ridged roof.

Hood – A protective and sometimes decorative cover found over doors, windows, or other objects.

Insulating glass - Glass designed to provide more insulation, usually achieved by separating two or three panes of glass with an air space between layers.

Kneewall - A short "knee-high" wall. In a storefront, the knee wall is the solid wall below the storefront windows. Often the knee wall height is continuous along a downtown street.

Latchside clearance - Clear area to the side of the latching (knob) side of a door that is required by Michigan Barrier Free and the Americans with Disabilities Act. Latchside clearance varies with the type of door and closer, but is usually 18".

Lintel - A beam supported on posts or sections of a wall to span a window or door opening.

Mansard roof - A double-pitched roof in which the lower pitch is nearly vertical and the upper nearly horizontal.

Mass - The overall appearance of bulk, or volume of a building.

Mortar - A mixture of plaster, cement, or lime with a fine aggregate and water; used for pointing and bonding bricks or stones. A typical lime mortar consists of about one part slaked lime to six parts of sand.

Muntin - Vertical or horizontal divisions between lights in a window or door sash.

Parapet - A wall that rises above the edge of a roof.

Pediment - In classical architecture, the triangular upper part of a gable roof.

Pilaster - A rectangular column or shallow pier attached to a wall; quite frequently decoratively treated so as to represent a classical column with a base, shaft, and a capital.

Pointing ("Tuck pointing") - The treatment of masonry joints by filling with a high quality mortar; used to protect against the weather or simply to improve the appearance of a masonry wall.

Proportion - The satisfactory relationship between building elements with regard to size, symmetry and balance.

Rafter - One of a series of smaller structural members forming a roof and to which a roof covering is applied.

Rhythm - The pattern produced by the size and spacing relationship between building elements, such as the relationship between solid walls and openings.

Ridge - The horizontal line formed when two roof surfaces meet. Often referred to as the "peak."

Right of way - A strip of land, including the overhead and underground space which is granted by deed or easement for the construction and maintenance of elements such as power and telephone lines.

Sash - Parts of a window or door that hold the glass, or lights, and generally operate to open and close.

Scale - The perception of the size of an object relative to other objects.

Setback - The distance that a building must be located behind the front, rear, and side property lines. Setbacks are regulated by the zoning ordinance. In the historic district, the setback is further defined as the setback established by adjacent buildings in 300 foot radius.

Spalling - Deterioration and falling away of masonry due to moisture penetration or other cause.

True divided lights - Used to describe windows where the glass is divided into sections with muntins in between individual panes of glass, as opposed to on the surface of a single pane of glass.

Tracery - The ornamental work in the upper part of an arched (Gothic) window consisting of interlacing lines. Also, such decoration found on panels, screens, or rose windows (i.e., large circular windows, such as those found on church facades).

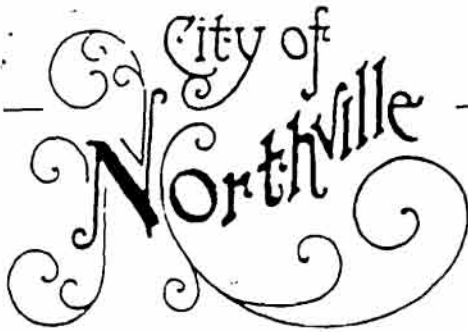
Transom Window - A small window or series of panes above a door or window.

Valley - The depressed angle formed at the meeting point of two roof slopes.

Verge board, or Bargeboard - Projecting boards placed against the incline of the gable of a building and hiding the ends of the horizontal roof timbers; sometimes decorated.

Vernacular - The indigenous architecture of a region.

Weephole - A small hole in a wall or window to allow accumulated water to drain.



# Sample Form

215 W. Main Street • Northville, Michigan 48167-1599 • (313) 349-1300

DEPARTMENT OF BUILDING AND CODE ENFORCEMENT  
PHONE 349-1300 EXT. 212

<b>I. LOCATION OF BUILDING/IMPROVEMENT</b>				
ADDRESS				
CITY/VILLAGE	LOT #	SUB	ZONING	
BETWEEN		AND		
<b>II. IDENTIFICATION</b>				
<b>A. OWNER OR LESSEE</b>				
NAME		TELEPHONE NO		
ADDRESS	CITY	STATE	ZIP CODE	
<b>B. ARCHITECT OR ENGINEER</b>				
NAME		TELEPHONE NO		
ADDRESS	CITY	STATE	ZIP CODE	
LICENSE NO.		EXPIRATION DATE		
<b>C. CONTRACTOR</b>				
NAME		TELEPHONE NO		
ADDRESS	CITY	STATE	ZIP CODE	
BUILDERS LICENSE NO.			EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION				
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION				
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>				
<b>A. TYPE OF IMPROVEMENT</b>				
1. <input type="checkbox"/> New Building    2. <input type="checkbox"/> Addition    3. <input type="checkbox"/> Alteration    4. <input type="checkbox"/> Repair    5. <input type="checkbox"/> Wrecking 6. <input type="checkbox"/> Mobile Home Set-up    7. <input type="checkbox"/> Foundation Only    8. <input type="checkbox"/> Premanufacture    9. <input type="checkbox"/> Relocation				
<b>B. REVIEW(S) TO BE PERFORMED</b>				
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Energy				



TYPE/USE GROUP		
<b>IV. PROPOSED USE OF BUILDING</b>		
<b>A. RESIDENTIAL - For "wrecking", show most recent use</b>		
14. <input type="checkbox"/> One Family	15. <input type="checkbox"/> Two or More Family (no. of units _____)	16. <input type="checkbox"/> Hotel, Motel (no. of units _____)
17. <input type="checkbox"/> Attached Garage	18. <input type="checkbox"/> Detached Garage	19. <input type="checkbox"/> Other
<b>B. NON-RESIDENTIAL - For "wrecking", show most recent use</b>		
20. <input type="checkbox"/> Amusement	21. <input type="checkbox"/> Church, Religious	22. <input type="checkbox"/> Industrial
23. <input type="checkbox"/> Parking Garage	24. <input type="checkbox"/> Service Station	25. <input type="checkbox"/> Hospital, Institutional
26. <input type="checkbox"/> Office, Bank, Professional	27. <input type="checkbox"/> Public Utility	28. <input type="checkbox"/> School, Library, Educational
29. <input type="checkbox"/> Store, Mercantile	30. <input type="checkbox"/> Tanks, Towers	31. <input type="checkbox"/> Other
NONRESIDENTIAL - Describe in detail proposed use of building, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. _____ _____ _____		
<b>V. SELECTED CHARACTERISTICS OF BUILDING</b>		
<b>A. PRINCIPAL TYPE OF FRAME</b>		
1. <input type="checkbox"/> Masonry, Wall Bearing	2. <input type="checkbox"/> Wood Frame	3. <input type="checkbox"/> Structured Steel
4. <input type="checkbox"/> Reinforced Concrete	5. <input type="checkbox"/> Other	
<b>B. PRINCIPAL TYPE OF HEATING FUEL</b>		
6. <input type="checkbox"/> Gas	7. <input type="checkbox"/> Oil	8. <input type="checkbox"/> Electricity
9. <input type="checkbox"/> Coal	10. <input type="checkbox"/> Other _____	
<b>C. TYPE OF SEWAGE DISPOSAL</b>		
11. <input type="checkbox"/> Public or Private Company	12. <input type="checkbox"/> Septic System	
<b>D. TYPE OF WATER SUPPLY</b>		
13. <input type="checkbox"/> Public or Private Company	14. <input type="checkbox"/> Private Well or Cistern	
<b>E. TYPE OF MECHANICAL</b>		
15. Will there be air conditioning <input type="checkbox"/> yes <input type="checkbox"/> no	16. Will there be an elevator <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>F. DIMENSIONS</b>		
17. Number of stories _____	18. Floor Area: 1st & 2nd Floor _____	
3rd -10th Floor _____	Lot Coverage _____%	
Total Area _____	19. Total Land Area (square feet) _____	
<b>G. NUMBER OF OFF STREET PARKING SPACES</b>		
20. Enclosed _____	21. Outdoors _____	

**VI. APPLICANT INFORMATION:**

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.

NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
FEDERAL ID. NO./SOCIAL SECURITY NO.			

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

ESTIMATED COST OF CONSTRUCTION: \$

SIGNATURE OF APPLICANT	APPLICATION DATE
------------------------	------------------

Permit is to be used for \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VII. Building Permit Number: _____ Date: _____ VALUATION: _____	
Engineering Fee	APPROVED BY: _____
Plan Review	(SIGNATURE)
Permit Fee	(TITLE)
Bond	Total: _____

B.O.C.A. 1987

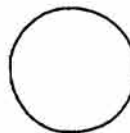
LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B - FIRE DISTRICT	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C - POLLUTION CONTROL	<input type="checkbox"/> Yes <input type="checkbox"/> No				
D - NOISE CONTROL	<input type="checkbox"/> Yes <input type="checkbox"/> No				
E - SOIL EROSION	<input type="checkbox"/> Yes <input type="checkbox"/> No				
F - FLOOD ZONE	<input type="checkbox"/> Yes <input type="checkbox"/> No				
G - WATER SUPPLY	<input type="checkbox"/> Yes <input type="checkbox"/> No				
H - SEPTIC SYSTEM	<input type="checkbox"/> Yes <input type="checkbox"/> No				
I - VARIANCE GRANTED	<input type="checkbox"/> Yes <input type="checkbox"/> No				
J - OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No				

NOTES AND DATE - FOR DEPARTMENT USE \_\_\_\_\_

Indicate direction of North within the circle:



SIGN PERMIT APPLICATION FORM

FOR

Sample Form

City of Northville  
215 West Main Street  
Northville, Michigan 48167  
(313) 349-1300

In accordance with City Code Title 6 Chapter 7 and Title 4 Chapter 12, Section 16.17

TO BE COMPLETED BY THE APPLICANT:

Name of Sponsor of Development: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Developer's Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Builders License#: \_\_\_\_\_

LOCATION OF PROJECT:

Property Address: \_\_\_\_\_  
Cross Streets: \_\_\_\_\_  
Subdivision Name and Lot #: \_\_\_\_\_  
Tax Code#: \_\_\_\_\_  
Lot Size and Area: \_\_\_\_\_  
Zoning District: \_\_\_\_\_  
Historic District \* \_\_\_\_\_ Yes, \_\_\_\_\_ No. \*If yes, application must be made to  
the Historic District Commission for approval.

I hereby certify that the proposed work is authorized by the owner of record and that I have  
been authorized by the owner to make this application as his authorized agent and we agree  
to conform to all applicable laws of this jurisdiction.

\_\_\_\_\_  
Please print name of applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to owner

\_\_\_\_\_  
Phone

SIGN APPLICATION

TYPE AND COST OF SIGN - All applicants complete Parts A - F

A. Type of Sign (Please Check)

- Freestanding Signs
- Marquee (Bracket)
- Portable Temporary Signs
- Wall Sign

Note: The following signs may not need a permit if the following conditions exist:

- Change of copy if sign is located outside the Historic District
- Right-of-way signs approved by governmental bodies
- Residential improvement signs
- Real estate signs
- Political signs
- Garage sale signs (subject to Title 6, Chapter 8 of City Code)
- Residential nameplates or address numbers

B. Type of Improvement:

- 1.  New Structure
- 2.  Addition
- 3.  Alteration (See 2 above)
- 4.  Repair, replacement
- 5. Type of Sign \_\_\_\_\_

C. Ownership:

- 6.  Private (individual, corporation, nonprofit instruction, etc.)
- 7.  Public (Federal, State, or local government)

D. Cost:

- 8. Cost of Improvement (including electrical) . . . . . \_\_\_\_\_
- 9. Total Cost of Improvement . . . . . \_\_\_\_\_

SELECTED CHARACTERISTICS OF SIGN

E. Principal Type of Frame:

- 10.  Masonry
- 11.  Wood frame
- 12.  Structural steel

F. Plan Data Required:

13. Plan for the property showing lot lines, structures, paving and location of sign:
14. Elevation drawings of proposed sign:
15. Caption of the proposed sign:
16. Height and dimension of the sign:
17. Square footage of the sign:
18. Distance from all property lines:
19. Scope and structural detail including all connections, guidelines, supports,
20. Footings and materials to be used:
21. Type of illumination including footcandle measurements:
22. Message units:

G. Illumination

23. Foot Candles \_\_\_\_\_ (measured 4 feet from surface)
24. Type of illumination \_\_\_\_\_  
\_\_\_\_\_ Internal  
\_\_\_\_\_ Direct external  
\_\_\_\_\_ Illuminated message (neon, electronic, etc.)

NOTE AND DATA - for department use

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**SIGN APPLICATION CHECKLIST  
TO BE COMPLETED BY THE CITY**

Cashiers Validation

Application fee \$ \_\_\_\_\_  
Date filed with Building Dept. \_\_\_\_\_  
Date Submitted to Plan. Comm. \_\_\_\_\_  
Date Submitted to Historic District Comm. \_\_\_\_\_  
Approval: Date and signature of Secretary: \_\_\_\_\_

Disapproval: Date and signature of Secretary: \_\_\_\_\_

(reason for disapproval attached hereto)

Sign Plan submitted - date: \_\_\_\_\_

All conditions have been met and the revised Sign Plan is in accordance with the conditions for approval attached hereto:

Revised Sign Approved: Date and Signature of Building Inspector: \_\_\_\_\_

Other Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: This processing form together with all correspondences, is to be attached to the Planning Commission's "Official Copy" of the Sign Plan, forming a permanent record regarding the plan submitted. This "Official Copy", together with all attached data shall be returned to the Planning Commission or Historic District Commission files after processing.

NOTE: Failure to submit plans that do not allow the City to adequately address all of the criteria provided for the review of the City according to Article 16 of the Zoning Ordinance shall result in a delay to the applicant.

SIGN APPLICATION  
PLAN REVIEW RECORD

<u>Plan Review Required</u>	<u>Date Plans Approved</u>	<u>By</u>
Building	_____	_____
Electrical	_____	_____
City Planning Department	_____	_____
City Planning Consultant	_____	_____
Historic District Commission	_____	_____

Validation

Sign  
Permit Number \_\_\_\_\_

Sign  
Permit Issued \_\_\_\_\_ 19\_\_

Sign  
Permit Fee \$ \_\_\_\_\_

Plan Review Fee \$ \_\_\_\_\_

Approved by:

\_\_\_\_\_  
\_\_\_\_\_  
Title

Cashiers Validation



## BOARD OF ZONING APPEALS APPLICATION

INSTRUCTIONS: Complete Sections 1 through 9 and attach (17) copies of all supporting material and drawings.

BOARD ACTION:  
Granted  
Denied

DATE NOTICES  
MAILED

DATE HEARING  
SCHEDULED

DATE APPLICATION  
FILED WITH SEC.

CASE NUMBER  
CITY  
USE

1. APPELLANT: \_\_\_\_\_ PHONE \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

2. PROPERTY involved in appeal: \_\_\_\_\_

Legal Discription: \_\_\_\_\_

3. APPELLANT'S INTEREST in property:  Owner,  Other (specify) \_\_\_\_\_

4. DECISION being appealed:  Chief Enforcement Officer

Planning Commission  Other (specify) \_\_\_\_\_

Date of decision \_\_\_\_\_

The specific decision being appealed is  attached, or is fully described as follows: \_\_\_\_\_

5. A complete statement as to the grounds for this appeal; and the nature and extent of the variance or exception being request ed, is attached as Pg.2.

I hereby affirm that the statements contained herein on Pg. 1 and Pg. 2 are true and complete to the best of my knowledge and belief.

Date \_\_\_\_\_

Signed \_\_\_\_\_

Title (if other than owner): \_\_\_\_\_

Cashier's Validation

BOARD OF ZONING APPEALS - APPLICATION

APPELLANT'S STATEMENT OF GROUNDS FOR APPEAL AND VARIANCE REQUESTED

6. GROUNDS FOR APPEAL: This appeal is being made on the grounds that:
- (a) Appellant alleges that there is an ERROR in the decision or order being appealed (Article 25, Section 25.04a).
  - (b) Appellant alleges that strict application of the provisions of the Zoning Ordinance will result in exceptionally UNDUE HARDSHIP upon the owner, because of the unique physical characteristics or other extraordinary or exceptional conditions of the property (Article 25, Section 25.04b).
  - (c) Appellant alleges that an exception or interpretation of the Zoning Map is necessary to preserve and promote the character of the zone district (Article 25, Section 25.04c.1).
  - (d) Appellant requests approval for a TEMPORARY BUILDING or, after review and comment by the Planning Commission, a TEMPORARY USE (Article 25, Section 25.04c).
  - (e) Appellant requests approval to expand, extend or enlarge a NON-CONFORMING STRUCTURE (Article 22, Section 22:01 d.1).
  - (f) Appellant requests approval to expand, extend or enlarge a NON-CONFORMING USE (Article 22, Section 22.01 e).

7. A complete statement, including necessary drawings and other material, regarding the alleged hardship and/or other conditions or circumstances, which the appellant feels is justification for the appeal, is  attached, or is as follows:

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8. ZONING ORDINANCE SECTIONS for which a variance, exception or interpretation is requested:

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9. NATURE AND EXTENT OF VARIANCE REQUESTED. A complete statement, including necessary drawings, regarding the specific variance, exception or interpretation being requested is  attached, or is as follows:

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BOARD OF ZONING APPEALS  
RECORD OF HEARING ON APPEAL

10. DATE OF HEARING \_\_\_\_\_ CASE # \_\_\_\_\_

11. SUPPORTING DOCUMENTS: (a) Notice of Appeal mailed on \_\_\_\_\_

(b) List of property owners notified: \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

(e) \_\_\_\_\_

12. FINDINGS OF FACT in addition to or contrary to Appellant's statements contained on Pages 1 and 2.

\_\_\_\_\_  
\_\_\_\_\_

13. DETERMINATION OF HARDSHIP (Article 25, Section 25.04b) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Can relief be granted without substantial detriment to public good and without substantially impairing the intent and purpose of the Zoning Ordinance?

YES

NO

\_\_\_\_\_  
\_\_\_\_\_

14. COMPATIBILITY OF REQUESTED RELIEF WITH INTENT AND PURPOSE OF CITY'S MASTER DEVELOPMENT PLAN (Article 25, Section 25.04.c.1).

\_\_\_\_\_  
\_\_\_\_\_

15. COMPATIBILITY OF REQUESTED RELIEF WITH ADJACENT DEVELOPMENTS AND PROPERTIES, AND THE HEALTH, SAFETY AND WELFARE OF THE PUBLIC (Article 25, Section 25.04.c.9).

\_\_\_\_\_  
\_\_\_\_\_

16. ANY OTHER FACTS OR CONCERNS CONSIDERED BY THE BOARD IN MAKING IT'S DECISION.

\_\_\_\_\_  
\_\_\_\_\_

BOARD OF ZONING APPEALS

BOARD DECISION ON APPEAL CASE NO. \_\_\_\_\_

MOVED BY \_\_\_\_\_ SUPPORTED BY \_\_\_\_\_

That Zoning Appeal Case No. \_\_\_\_\_ from \_\_\_\_\_

which appeal requests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

be granted subject to the following modifications and conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

and subject further to all provisions of the Zoning Ordinance and other City Ordinances and regulations, except as specifically provided otherwise in this motion; and provided further, ;that this order shall be valid for a period of one (1) year, as provided in Section 25.07 of the Zoning Ordinance.

YEAS: \_\_\_\_\_

NAYS: \_\_\_\_\_

ABSENT: \_\_\_\_\_

ABSTAINED: \_\_\_\_\_

MICHIGAN DEPARTMENT OF LABOR

Sample Form



Bureau of Construction Codes  
 Barrier Free Design Board  
 7150 Harris Drive, P.O. Box 30255  
 Lansing, Michigan 48909  
 (517) 322-1191 (Voice or TDD)

APPLICATION FEE: \$200.00

FOR AGENCY USE ONLY
BFD: _____

THIS FORM IS ISSUED UNDER THE AUTHORITY PROVIDED IN ACT 1 OF THE PUBLIC ACTS OF 1966, AS AMENDED. THIS FORM MUST BE FILED IN ORDER FOR THE BARRIER FREE DESIGN BOARD TO CONSIDER ANY REQUEST FOR EXCEPTION FROM THE BARRIER FREE DESIGN REQUIREMENTS. THE MICHIGAN DEPARTMENT OF LABOR DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

THE BARRIER FREE DESIGN BOARD HAS NO AUTHORITY OVER THE FEDERAL STANDARDS CONTAINED IN THE AMERICANS WITH DISABILITIES ACT OF 1990, 42 U.S.C. 12204.

Is this application the result of a barrier free complaint? <input type="checkbox"/> No <input type="checkbox"/> Yes Cbfd # _____	State Plan Review Number (if applicable)
Have there been prior barrier free exceptions for this facility? <input type="checkbox"/> No <input type="checkbox"/> Yes BFD # _____	

1. PROJECT INFORMATION.

PROJECT NAME	ADDRESS		
CITY	COUNTY	MI	ZIP CODE
ESTIMATED PROJECT COST \$	ESTIMATED COST OF COMPLIANCE \$		

2. APPLICANT INFORMATION. (NOTE: All correspondence will be sent to this address)

NAME OF APPLICANT/APPLICANT'S REPRESENTATIVE		COMPANY NAME	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	<input type="checkbox"/> OWNER	<input type="checkbox"/> ARCHITECT/ENGINEER	<input type="checkbox"/> OTHER

3. PROJECT ARCHITECT/ENGINEER. (When professional services are required by code or law)

NAME	LICENSE NO.	FIRM NAME	
ADDRESS	CITY	STATE	ZIP CODE

4. LIST THE EXCEPTION REQUESTS AND THEIR LOCATIONS IN THE BUILDING. BRIEFLY STATE THE REASONS FOR THE REQUEST. (Attach additional sheets, if necessary)

IS A TEMPORARY EXCEPTION REQUESTED? <input type="checkbox"/> NO <input type="checkbox"/> YES	PERIOD OF TIME REQUESTED?
--	---------------------------

5. BRIEFLY STATE THE GENERAL USE OF THE STRUCTURE AND THE PROPOSED USE OF EACH FLOOR OR AREA.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR AGENCY USE ONLY

\_\_\_\_\_

\_\_\_\_\_

7. OFF-STREET PARKING.

NUMBER PROVIDED \_\_\_\_\_ NUMBER OF BARRIER FREE \_\_\_\_\_

8. BUILDING INFORMATION. (Attach additional sheets, if necessary)

FLOOR AREA (SQ. FT.)	EXISTING BUILDING	BASEMENT	1ST FLOOR	MEZZANINE	2ND FLOOR	3RD FLOOR	4TH FLOOR	TOTAL
		AREA OF ALTERATION						
AREA OF ADDITION								
PROPOSED NEW BUILDING								
TOILET ROOMS	MEN	ACCESSIBLE						
		NON ACCESSIBLE						
	WOMEN	ACCESSIBLE						
		NON ACCESSIBLE						
	UNISEX	ACCESSIBLE						
		NON ACCESSIBLE						
IS THIS FLOOR PROVIDED WITH ELEVATOR ACCESS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THIS FLOOR HAVE AN ACCESSIBLE EXTERIOR ENTRANCE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

9. BUILDING PERMIT. (To be completed by the administrative authority responsible for issuing the building permit for this project.)

REASON FOR COMPLIANCE <input type="checkbox"/> NEW BLDG./ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> USE GROUP CHANGE	NAME	JURISDICTION	
	ADDRESS		
	CITY	ZIP CODE	TELEPHONE NUMBER
USE GROUP CLASSIFICATION	OCCUPANCY LOAD	DATE BUILDING PERMIT ISSUED	
PROJECT DOES NOT COMPLY WITH BARRIER FREE DESIGN REQUIREMENTS AS FOLLOWS:			
SECTION(S): _____			
COMMENTS (Attach additional sheets, if necessary)			
BUILDING OFFICIAL SIGNATURE			DATE

10. CERTIFICATION.

I certify that the proposed work is authorized by the owner of record. I agree to conform to all applicable laws of the State of Michigan and all information submitted is accurate to the best of my knowledge.

APPLICANT'S SIGNATURE	DATE
-----------------------	------

# Sample Form

Michigan Historical Commission  
Michigan Historical Center, Michigan Department of State  
Candice S. Miller, Secretary of State

## STATE REGISTER OF HISTORIC SITES REGISTRATION FORM

This form is for use in nominating individual properties, districts, complexes, and cemeteries. Complete each item by marking "x" in the appropriate box or by entering the information requested. If an item does not apply to the property being documented, enter "N/A" for "not applicable".

### 1. Name of Property

Property's Original Name: \_\_\_\_\_  
[i.e. Henry and Clara Ford House]

Other Names: \_\_\_\_\_

### 2. Location

Street & Number: \_\_\_\_\_  
\_\_\_\_\_

Check here if property location should be confidential, as in the case of archaeological sites.

Municipal Unit of Government: \_\_\_\_\_  
[The unit to whom you pay property taxes.]

Mailing Address Post Office: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### 3. Property Owner

Ownership of Property

private

public-local

public-state

public-federal

Name: \_\_\_\_\_  
\_\_\_\_\_

Street & Number: \_\_\_\_\_

City or Town: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

**Owner's Permission Statement:**

*I grant the Michigan Historical Commission permission to list my property in the State Register of Historic Sites.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**4. Description**

If there is more than one structure, use the Supplemental Registration Form for Districts and Complexes. For a cemetery use the Supplemental Registration Form for Cemeteries.

How was the property used historically? \_\_\_\_\_

How is the property presently used? \_\_\_\_\_

When was the structure built? \_\_\_\_\_

What structural changes (i.e. additions) have occurred and when? \_\_\_\_\_

What materials are visible on the building's exterior? You may add an additional page if necessary.

Foundation: \_\_\_\_\_ Walls: \_\_\_\_\_

Roof: \_\_\_\_\_ Other: \_\_\_\_\_

What is the type of construction? \_\_\_\_\_  
 [i.e. reinforced concrete, steel frame, balloon frame]

Briefly summarize the physical history of the property. Give specific dates for major changes in materials and additions. End with a description of the property as it appears today, noting how much of it is original materials. You may add an additional page if necessary.



Original Name of Property:

County:

Page No:

---

## 5. Bibliographical References

---

In this space you should list and number each source used to document the history of the property. First cite the primary documents, i.e. tax records, deeds, newspaper articles, meeting minutes, that substantiate the historical information in the nomination. Then cite secondary sources such as published county and community histories. Each citation should include the title, author, date of publication, publisher and page numbers. Refer to the source numbers in 7. *Significance*, below. Photocopies of all documentation must be submitted with the nomination.

**6. Significance**

Historical significance will be evaluated in terms of the criteria outlined below, therefore, you must make a case for at least one of the standards.

**STATE REGISTER CRITERIA**

The quality of significance in Michigan history, architecture, engineering, archaeology and culture is present in districts, sites, buildings, structures and objects. This significance is derived from both integrity and historical importance. Resources must possess integrity of location, setting, materials, design, workmanship, and feeling and association. A property's historical significance must reflect that it:

- I. is associated with events that have made a significant contribution to the broad patterns of our history;
- II. is associated with the lives of persons significant in our past;
- III. embodies the distinctive characteristics of a type, period or method of construction, or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components may lack individual distinction; or
- IV. has yielded, or may likely yield, information important in prehistory or history.

Structures that have been moved from their original locations, properties primarily commemorative in nature and properties that have achieved significance within the past fifty years shall not be considered eligible for the State Register of Historic Sites unless they fall within the following categories:

- 1. a building or structure removed from its original location but which is significant primarily for architectural value, or which is the lone surviving structure associated with a historically significant person or event; or
- 2. a property primarily commemorative in intent if design, age, tradition, or symbolic value has invested it with its own historical significance; or
- 3. a property achieving significance within the past fifty years if it is of exceptional importance;
- 4. a property associated with significant ethnic presence.

What important events are associated with the property?

---

---

What important people have been associated with the property?

---

---

What groups have been associated with the property?  
[i.e. racial, ethnic, religious, fraternal]

---

Architect/Builder:

Enter the full name of the person(s) responsible for designing or constructing the resource, the name of their firm and the city and state where the person(s) were based, i.e. *Mortimer Smith, architect; Smith, Hinchman and Grylls; Detroit, MI; T. Glenn Phillips, landscape architect; Detroit.*

---

---

Original Name of Property:

County:

Page No:

---

Craftsmen:

Enter the full name of the person(s) or company responsible for crafting elements of the structure, such as stained glass windows, wood carvings, or a church bell. Note the city and state where the person(s) or company was based.

---

---

Describe the history of the property, being as specific as possible by including documented names and dates. This information could include owners, architects and designers, significant events and relationship to a social or ethnic group. This is where you make your case for how the property meets the criteria listed above. Refer to your list of sources by noting the number of the source that documents each statement of fact.

## 7. Geographical Data

Describe the location of the resource as it relates to major and minor roadways and, where possible, landmarks such as schools, churches and government buildings.

### UTM References

FOR STAFF USE ONLY

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

Additional UTM references should be recorded on District Continuation Sheets.

## 8. Form Prepared By

Name/Title: \_\_\_\_\_  
 \_\_\_\_\_

Street & Number: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## 9. Additional Materials Required

Please submit the following items with the completed form:

1. Photocopies of all documentation itemized in item 5. Bibliographical References.
2. Black and white photographs of the interior and exterior of the building or structure, an overall view showing the relationship of the structure to its surroundings, and close views of architectural details. Cemetery photographs should demonstrate unique as well as typical grave markers, spatial relationships and characteristic features.
3. A sketch map showing the location of individual properties or historic district boundaries in relation to key roadways.
4. CEMETERIES, PARKS, AND COMPLEXES ONLY:
  - a) Historic and contemporary site plans showing how the individual buildings, structures and objects relate to one another, to the landscape and to the roadways;
  - b) a sketch map showing the location of graves from the 1800s and 1900s and distinguishing between the original cemetery and later additions.

Michigan Historical Commission  
 Michigan Historical Center, Michigan Department of State  
 Candice S. Miller, Secretary of State

United States Department of the Interior  
National Park Service

# Sample Form

## National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

### 1. Name of Property

historic name \_\_\_\_\_

other names/site number \_\_\_\_\_

### 2. Location

street & number \_\_\_\_\_  not for publication

city or town \_\_\_\_\_  vicinity

state \_\_\_\_\_ code \_\_\_\_\_ county \_\_\_\_\_ code \_\_\_\_\_ zip code \_\_\_\_\_

### 3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this  nomination  request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property  meets  does not meet the National Register criteria. I recommend that this property be considered significant  nationally  statewide  locally. ( See continuation sheet for additional comments.)

Signature of certifying official/Title \_\_\_\_\_ Date \_\_\_\_\_

State of Federal agency and bureau \_\_\_\_\_

In my opinion, the property  meets  does not meet the National Register criteria. ( See continuation sheet for additional comments.)

Signature of commenting official/Title \_\_\_\_\_ Date \_\_\_\_\_

State or Federal agency and bureau \_\_\_\_\_

### 4. National Park Service Certification

I hereby certify that the property is:

- entered in the National Register.  
 See continuation sheet.
- determined eligible for the National Register  
 See continuation sheet.
- determined not eligible for the National Register.
- removed from the National Register.
- other, (explain:) \_\_\_\_\_

Signature of the Keeper \_\_\_\_\_

Date of Action \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Property \_\_\_\_\_

County and State \_\_\_\_\_

**5. Classification**

**Ownership of Property**  
(Check as many boxes as apply)

- private
- public-local
- public-State
- public-Federal

**Category of Property**  
(Check only one box)

- building(s)
- district
- site
- structure
- object

**Number of Resources within Property**  
(Do not include previously listed resources in the count.)

Contributing	Noncontributing	
_____	_____	buildings
_____	_____	sites
_____	_____	structures
_____	_____	objects
_____	_____	Total

**Name of related multiple property listing**  
(Enter "N/A" if property is not part of a multiple property listing.)

**Number of contributing resources previously listed in the National Register**

**6. Function or Use**

**Historic Functions**  
(Enter categories from instructions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Functions**  
(Enter categories from instructions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Description**

**Architectural Classification**  
(Enter categories from instructions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Materials**  
(Enter categories from instructions)

foundation \_\_\_\_\_

walls \_\_\_\_\_

\_\_\_\_\_

roof \_\_\_\_\_

other \_\_\_\_\_

\_\_\_\_\_

**Narrative Description**  
(Describe the historic and current condition of the property on one or more continuation sheets.)

Name of Property \_\_\_\_\_

County and State \_\_\_\_\_

**8. Statement of Significance**

**Applicable National Register Criteria**

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- A** Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B** Property is associated with the lives of persons significant in our past.
- C** Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D** Property has yielded, or is likely to yield, information important in prehistory or history.

**Criteria Considerations**

(Mark "x" in all the boxes that apply.)

Property is:

- A** owned by a religious institution or used for religious purposes.
- B** removed from its original location.
- C** a birthplace or grave.
- D** a cemetery.
- E** a reconstructed building, object, or structure.
- F** a commemorative property.
- G** less than 50 years of age or achieved significance within the past 50 years.

**Narrative Statement of Significance**

(Explain the significance of the property on one or more continuation sheets.)

**9. Major Bibliographical References**

**Bibliography**

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

**Previous documentation on file (NPS):**

- preliminary determination of individual listing (36 CFR 67) has been requested
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey # \_\_\_\_\_
- recorded by Historic American Engineering Record # \_\_\_\_\_

**Areas of Significance**

(Enter categories from instructions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Period of Significance**

\_\_\_\_\_

\_\_\_\_\_

**Significant Dates**

\_\_\_\_\_

\_\_\_\_\_

**Significant Person**

(Complete if Criterion B is marked above)

\_\_\_\_\_

**Cultural Affiliation**

\_\_\_\_\_

\_\_\_\_\_

**Architect/Builder**

\_\_\_\_\_

\_\_\_\_\_

**Primary location of additional data:**

- State Historic Preservation Office
- Other State agency
- Federal agency
- Local government
- University
- Other

Name of repository:

\_\_\_\_\_

Name of Property \_\_\_\_\_

County and State \_\_\_\_\_

**10. Geographical Data**

**Acreage of Property** \_\_\_\_\_

**UTM References**

(Place additional UTM references on a continuation sheet.)

1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Zone	Easting	Northing
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Zone	Easting	Northing
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

See continuation sheet

**Verbal Boundary Description**

(Describe the boundaries of the property on a continuation sheet.)

**Boundary Justification**

(Explain why the boundaries were selected on a continuation sheet.)

**11. Form Prepared By**

name/title \_\_\_\_\_

organization \_\_\_\_\_ date \_\_\_\_\_

street & number \_\_\_\_\_ telephone \_\_\_\_\_

city or town \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

**Additional Documentation**

Submit the following items with the completed form:

**Continuation Sheets**

**Maps**

A **USGS map** (7.5 or 15 minute series) indicating the property's location.

A **Sketch map** for historic districts and properties having large acreage or numerous resources.

**Photographs**

Representative **black and white photographs** of the property.

**Additional items**

(Check with the SHPO or FPO for any additional items)

**Property Owner**

(Complete this item at the request of SHPO or FPO.)

name \_\_\_\_\_

street & number \_\_\_\_\_ telephone \_\_\_\_\_

city or town \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

**Paperwork Reduction Act Statement:** This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 *et seq.*)

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 18.1 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Projects (1024-0018), Washington, DC 20503.



NATIONAL PARK SERVICE

HISTORIC PRESERVATION CERTIFICATION APPLICATION  
PART 1 — EVALUATION OF SIGNIFICANCE

Sample Form

NPS Office Use Only

NRIS No: \_\_\_\_\_

NPS Office Use Only

Project No: \_\_\_\_\_

Instructions: Read the instructions carefully before completing application. No certification will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use continuation sheets or attach blank sheets.

1. Name of property: \_\_\_\_\_

Address of property: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of historic district: \_\_\_\_\_

- National Register district
- certified state or local district
- potential historic district

2. Check nature of request:

- certification that the building contributes to the significance of the above-named historic district (or National Register property) for the purpose of rehabilitation.
- certification that the structure or building and, where appropriate, the land area on which such a structure or building is located contributes to the significance of the above-named historic district for a charitable contribution for conservation purposes.
- certification that the building does not contribute to the significance of the above-named district.
- preliminary determination for individual listing in the National Register.
- preliminary determination that a building located within a potential historic district contributes to the significance of the district.
- preliminary determination that a building outside the period or area of significance contributes to the significance of the district.

3. Project contact:

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

4. Owner:

I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the property described above. I understand that falsification of factual representations in this application is subject to criminal sanctions of up to \$10,000 in fines or imprisonment for up to five years pursuant to 18 U.S.C. 1001.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_

Social Security or Taxpayer Identification Number \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

NPS Office Use Only

The National Park Service has reviewed the "Historic Preservation Certification Application — Part 1" for the above-named property and hereby determines that the property:

- contributes to the significance of the above-named district (or National Register property) and is a "certified historic structure" for the purpose of rehabilitation
- contributes to the significance of the above-named district and is a "certified historic structure" for a charitable contribution for conservation purposes in accordance with the Tax Treatment Extension Act of 1980.
- does not contribute to the significance of the above-named district.

Preliminary Determinations:

- appears to meet the National Register Criteria for Evaluation and will likely be listed in the National Register of Historic Places if nominated by the State Historic Preservation Officer according to the procedures set forth in 36 CFR Part 60.
- does not appear to meet the National Register Criteria for Evaluation and will likely not be listed in the National Register.
- appears to contribute to the significance of a potential historic district, which will likely be listed in the National Register of Historic Places if nominated by the State Historic Preservation Officer.
- appears to contribute to the significance of a registered historic district but is outside the period or area of significance as documented in the National Register nomination or district documentation on file with the NPS.
- does not appear to qualify as a certified historic structure.

Date \_\_\_\_\_ National Park Service Authorized Signature \_\_\_\_\_ National Park Service Office/Telephone No. \_\_\_\_\_

See Attachments

HISTORIC PRESERVATION  
CERTIFICATION APPLICATION—  
PART 1

NPS Office Use Only

Property Name \_\_\_\_\_

Project Number: \_\_\_\_\_

Property Address \_\_\_\_\_

5. Description of physical appearance:

Date of Construction: \_\_\_\_\_ Source of Date: \_\_\_\_\_

Date(s) of Alteration(s): \_\_\_\_\_

Has building been moved?  yes  no. If so, when? \_\_\_\_\_

6. Statement of significance:

7. Photographs and maps.

Attach photographs and maps to application.

Continuation sheets attached:  yes  no

**HISTORIC PRESERVATION CERTIFICATION APPLICATION  
PART 2 — DESCRIPTION OF REHABILITATION**

NPS Office Use Only

NRIS No:

NPS Office Use Only

Project No:

Instructions: Read the instructions carefully before completing application. No certification will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use continuation sheets or attach blank sheets. A copy of this form may be provided to the Internal Revenue Service. The decision by the National Park Service with respect to certification is made on the basis of the descriptions in this application form. In the event of any discrepancy between the application form and other, supplementary material submitted with it (such as architectural plans, drawings and specifications), the application form shall take precedence.

1. Name of property: \_\_\_\_\_

Address of property: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Listed individually in the National Register of Historic Places; give date of listing: \_\_\_\_\_

Located in a Registered Historic District; specify: \_\_\_\_\_

Has a Part 1 Application (Evaluation of Significance) been submitted for this project?  yes  no

If yes, date Part 1 submitted: \_\_\_\_\_ Date of certification: \_\_\_\_\_ NPS Project Number: \_\_\_\_\_

2. Data on building and rehabilitation project:

Date building constructed: \_\_\_\_\_ Total number of housing units before rehabilitation: \_\_\_\_\_

Type of construction: \_\_\_\_\_ Number that are low-moderate income: \_\_\_\_\_

Use(s) before rehabilitation: \_\_\_\_\_ Total number of housing units after rehabilitation: \_\_\_\_\_

Proposed use(s) after rehabilitation: \_\_\_\_\_ Number that are low-moderate income: \_\_\_\_\_

Estimated cost of rehabilitation: \_\_\_\_\_ Floor area before rehabilitation: \_\_\_\_\_

This application covers phase number \_\_\_\_\_ of \_\_\_\_\_ phases Floor area after rehabilitation: \_\_\_\_\_

Project/phase start date (est.): \_\_\_\_\_ Completion date (est.): \_\_\_\_\_

3. Project contact:

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

4. Owner:

I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the property described above. I understand that falsification of factual representations in this application is subject to criminal sanctions of up to \$10,000 in fines or imprisonment for up to five years pursuant to 18 U.S.C.1001.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_

Social Security or Taxpayer Identification Number \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

NPS Office Use Only

The National Park Service has reviewed the "Historic Certification Application — Part 2" for the above-named property and has determined:

that the rehabilitation described herein is consistent with the historic character of the property or the district in which it is located and that the project meets the Secretary of the Interior's "Standards for Rehabilitation." This letter is a preliminary determination only, since a formal certification of rehabilitation can be issued only to the owner of a "certified historic structure" after rehabilitation work is completed.

that the rehabilitation or proposed rehabilitation will meet the Secretary of the Interior's "Standards for Rehabilitation" if the attached conditions are met.

that the rehabilitation or proposed rehabilitation is not consistent with the historic character of the property or the district in which it is located and that the project does not meet the Secretary of the Interior's "Standards for Rehabilitation." A copy of this form will be provided to the Internal Revenue Service.

Date \_\_\_\_\_

National Park Service Authorized Signature \_\_\_\_\_

National Park Service Office/Telephone No. \_\_\_\_\_

See Attachments

HISTORIC PRESERVATION  
CERTIFICATION APPLICATION—  
PART 2

NPS Office Use Only

Property Name \_\_\_\_\_

Project Number: \_\_\_\_\_

Property Address \_\_\_\_\_

5. DETAILED DESCRIPTION OF REHABILITATION/PRESERVATION WORK—Includes site work, new construction, alterations, etc. Complete blocks below.

NUMBER <b>1</b>	Architectural feature _____ Approximate date of feature _____	Describe work and impact on existing feature:          Photo no. _____ Drawing no. _____
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NUMBER <b>2</b>	Architectural feature _____ Approximate date of feature _____	Describe work and impact on existing feature:          Photo no. _____ Drawing no. _____
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NUMBER <b>3</b>	Architectural feature _____ Approximate date of feature _____	Describe work and impact on existing feature:          Photo no. _____ Drawing no. _____
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NUMBER <b>4</b>	Architectural feature _____ Approximate date of feature _____	Describe work and impact on existing feature:          Photo no. _____ Drawing no. _____
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**HISTORIC PRESERVATION CERTIFICATION APPLICATION  
REQUEST FOR CERTIFICATION OF COMPLETED WORK**

**NPS Office Use Only:**

NRIS No:

**Instructions:** Upon completion of the rehabilitation, return this form with representative photographs of the completed work (both exterior and interior views) to the appropriate reviewing office. If a Part 2 application has not been submitted in advance of project completion, it must accompany this Request for Certification of Completed Work. A copy of this form will be provided to the Internal Revenue Service. Type or print clearly in black ink. The decision by the National Park Service with respect to certification is made on the basis of the descriptions in this application form. In the event of any discrepancy between the application form and other, supplementary material submitted with it (such as architectural plans, drawings and specifications), the application form shall take precedence.

1. Name of property: \_\_\_\_\_

Address of property: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is property a certified historic structure?  yes  no If yes, date of certification by NPS: \_\_\_\_\_

or date of listing in the National Register: \_\_\_\_\_

2. Data on rehabilitation project:

National Park Service assigned rehabilitation project number: \_\_\_\_\_

Project starting date: \_\_\_\_\_

Rehabilitation work on this property was completed and the building placed in service on: \_\_\_\_\_

Estimated costs attributed solely to the rehabilitation of the historic structure: \$ \_\_\_\_\_

Estimated costs attributed to new construction associated with the rehabilitation, including additions, site work, parking lots, landscaping: \$ \_\_\_\_\_

3. Owner: (space on reverse for additional owners)

I hereby apply for certification of rehabilitation work described above for purposes of the Federal tax incentives. I hereby attest that the information provided is, to the best of my knowledge, correct, and that in my opinion the completed rehabilitation meets the Secretary's "Standards for Rehabilitation" and is consistent with the work described in Part 2 of the Historic Preservation Certification Application. I also attest that I own the property described above. I understand that falsification of factual representations in this application is subject to criminal sanctions of up to \$10,000 in fines or imprisonment for up to five years pursuant to 18 U.S.C. 1001.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_

Social Security or Taxpayer Identification Number \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

**NPS Office Use Only**

The National Park Service has reviewed the "Historic Preservation Certification Application — Part 2" for the above-listed "certified historic structure" and has determined:

that the completed rehabilitation meets the Secretary of the Interior's "Standards for Rehabilitation" and is consistent with the historic character of the property or the district in which it is located. Effective the date indicated below, the rehabilitation of the "certified historic structure" is hereby designated a "certified rehabilitation." A copy of this certification has been provided to the Department of the Treasury in accordance with Federal law. This letter of certification is to be used in conjunction with appropriate Internal Revenue Service regulations. Questions concerning specific tax consequences or interpretations of the Internal Revenue Code should be addressed to the appropriate local Internal Revenue Service office. Completed projects may be inspected by an authorized representative of the Secretary to determine if the work meets the "Standards for Rehabilitation." The Secretary reserves the right to make inspections at any time up to five years after completion of the rehabilitation and to revoke certification, if it is determined that the rehabilitation project was not undertaken as presented by the owner in the application form and supporting documentation, or the owner, upon obtaining certification, undertook unapproved further alterations as part of the rehabilitation project inconsistent with the Secretary's "Standards for Rehabilitation."

that the rehabilitation is not consistent with the historic character of the property or the district in which it is located and that the project does not meet the Secretary of the Interior's "Standards for Rehabilitation." A copy of this form will be provided to the Internal Revenue Service.

Date \_\_\_\_\_ National Park Service Authorized Signature \_\_\_\_\_ National Park Service Office/Telephone No. \_\_\_\_\_

See Attachments