

**WASHTENAW COUNTY HISTORIC DISTRICT COMMISSION  
APPLICATION FOR COMMISSION REVIEW**

Historic District: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Name of Owner: _____ Address: _____ Telephone Number: _____ Other (fax, e-mail, etc.): _____
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Name of Applicant: _____ Relation to owner: _____ Address: _____ Telephone Number: _____ Other (fax, e-mail, etc.): _____
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Briefly summarize proposed work (continue on back or on separate sheet):

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

Please submit copies of diagrams, construction plans, site maps, product and building specifications, and/or any additional information clarifying the details of the proposed work. Electronic submission of related materials is preferred, accompanied by one hardcopy set. If the attachments are not submitted electronically or are bound, please submit 8 copies of each attachment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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*For office use only:*

Date application received: \_\_\_\_\_  
\_\_\_\_ Complete; \_\_\_\_ Incomplete (items needed listed on reverse side)

Notification of incomplete application: \_\_\_\_\_

Receipt of completed application: \_\_\_\_\_

Date application reviewed: \_\_\_\_\_

Outcome: \_\_\_\_ Approve; \_\_\_\_ Approve w/changes; \_\_\_\_ Notice to proceed; \_\_\_\_ Denial

Copy to: \_\_\_\_ Owner \_\_\_\_ Applicant \_\_\_\_ Township

Comments: