

HISTORIC ZONING COMMISSION APPLICATION



APPLICANT INFORMATION:

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

PROPERTY INFORMATION:

<i>Tax Map Information</i>	Tax map:	Group:	Parcel:	Lot:
Street Address			Apartment/Unit #	
Name of Historic Zone				
Current Use				

REPRESENTATIVE INFORMATION:

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

REQUESTED ACTION:

DISCLAIMER AND SIGNATURE

By signing below I state that I have read and understand the conditions of this application and have been notified as to the location, date and time of the meeting in which my application will be reviewed by the Commission. I further state that I am/we are the sole and legal owner(s) of the property described herein or have been appointed by the property owner to serve as a representative for this application and that I am/we are appealing to the Historic Commission.

Signature:	Date:
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Signed before me on this _____ day of _____, 20____,

a notary public for the State of _____

County of _____.

Notary _____

My Commission Expires _____