



Request Affecting Building Within Historic District

Historical Landmark Commission _____

Receipt No./Date Paid _____

City Council _____

Receipt No./Date Paid _____

DATE: _____

CURRENT ZONING: _____

NAME: _____

ADDRESS: _____

PHONE: _____

LOCATION: _____

REQUEST AND REASON: _____

SKETCH AND MEASUREMENTS- include all property lines, improvements, streets, buildings, etc. and north arrow

Applicants Signature _____

Date _____