

CITY OF SOUTHFIELD HISTORIC DISTRICT DESIGNATION APPLICATION

<p style="text-align: center;">City of Southfield Planning Department 26000 Evergreen Road Southfield, MI 48076</p> <p>Telephone: 248-796-4150 Fax : 248-796-4105 E-mail: contactplanning@cityofsouthfield.com</p>	Date Submitted:	
	Reference Number:	
	Sidwell Number:	

I (We) the undersigned do hereby make application to the Planning Department on behalf of the City of Southfield to request the property be designated as a local Historic District.

1. Name of subject location: _____
2. Description of the Subject Property: _____
 Address: _____
 Nearest Cross Streets: _____
 Acreage: _____
3. Gross Building Area (G.B.A.)of subject: _____ Total G.B.A on site _____
4. Zoning classification of the subject property: _____.
5. Architectural style of subject property: _____
6. Architect/Builder: _____
7. Evidence that subject location is historically significant (attach additional documents and photos as necessary):

8. APPLICANT INFORMATION	9. PROPERTY OWNER INFORMATION
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Email _____	Email _____
Phone _____	Phone _____

10. Applicant's interest in the property (if other than owner) _____
11. Signature of Applicant _____ Date _____
12. Signature of Property Owner _____ Date _____

Encls.: Historic District Designation Letter of Understanding
 Historic District Designation Process Flowchart

**CITY OF SOUTHFIELD
PROCESS FOR HISTORIC DISTRICT DESIGNATION FLOWCHART**

