

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

HISTORIC DISTRICT DESIGNATION APPLICATION
LETTER OF UNDERSTANDING

It is understood by the undersigned that submission of application(s) for historic district designation is not a guarantee that the request(s) will be granted. The application(s) will be subject to the completion of required submission elements, review standards, reasonable responses to Department requests, Zoning Ordinance requirements, Southfield City Code requirements, the discretionary approval by the Southfield City Council, and any other applicable Federal, State or local laws.

Petitioner _____ Date _____

Owner _____ Date _____

NOTARY PUBLIC: Please provide the name of the state and county in which this document was signed and all other information required below.

STATE OF _____)
COUNTY OF _____) SS

The foregoing instrument was acknowledged before me this ____ day of _____, 20____,

by _____.

**[type or print name(s) of property owner(s)]*

Notary Public _____

_____ County, State of _____

My Commission expires: _____

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

