

CITY OF OWOSSO
HISTORIC DISTRICT COMMISSION
APPLICATION FOR A CERTIFICATE OF APPROPRIATENESS

This application must be received by the Owosso Building Department a minimum of ten working days prior to the scheduling of the application on the Historic District Commission agenda. Applicants are strongly encouraged to conduct a preliminary discussion with staff and/or the Historic District Commission prior to the consideration of an application. The Commission generally meets on the Third Wednesday of each month.

Please consult the Secretary of the Interior's Standards for Rehabilitation and the Historic District Commission guidelines for specific details on permissible alterations to the exterior of a structure or for the construction or demolition of any structure within the Historic District that require a CoA.

The following information shall be attached to this application. Additional information is encouraged:

1. A detailed plan drawn to a legible scale depicting the proposed alteration including size, a detailed description of materials and finishing work to be completed. If the size of the plan exceeds 11x17 then additional copies may be requested.
 - Plan shall show existing property lines and any prominent features on the site.
2. A minimum of the following photographs labeled to indicate the direction of view:
 - Current photos of the structure as seen from the street and/or façade of alteration;
 - Close up of existing detail in present condition proposed for alteration.

Date: _____

Property Address: _____ Owner's Name: _____

Phone One: _____ Other Phone: _____ Email: _____

Applicants Address: _____ Applicants Name: _____

Phone One: _____ Other Phone: _____ Email: _____

Does the property have or will it have before the proposed project completion date, a fire alarm system or a smoke alarm complying with the requirements of the Stille-DeRosset-Hale single state construction code act, 1972 PA 230, MCL 125.1501-12501531*. _____

Description of Work proposed, BE SPECIFIC (attach sheets describing activities, materials, dimensions, etc.)

Applicant's Signature _____

Property Owner's Signature _____

Please contact Josh Adams for further information 989.494.3344 during business hours, or josh.adams@ci.owosso.mi.us.

Return to City Hall, 301 W. Main St., Owosso, MI 48867

*"Fire alarm system" means a system designed to detect and annunciate the presence of fire or by-products of fire. Fire alarm system includes smoke alarms. "Smoke alarm" means a single-station or multiple-station alarm responsive to smoke and not connected to a system. As used in this subdivision, "single-station alarm" means an assembly incorporating a detector, the control equipment, and the alarm sounding devices into a single unit, operated from a power supply either in the unit or obtained at the point of installation.

"Multiple station alarm" means 2 or more single station alarms that are capable of interconnection such that actuation of 1 alarm causes all integrated separate audible alarms to operate.