

MICHIGAN HISTORIC PRESERVATION NETWORK

Easement Program

Application for Alteration Approval

Please provide the following information requested below.

PROPERTY NAME:	
PROPERTY ADDRESS:	
PRIMARY CO	NTACT INFORMATION
Owner's/Representative's Name:	
Mailing Address:	
Telephone:	
Fax:	
E-mail:	
DESCRIP	TION OF REQUEST
Please provide a summary of the work	being proposed.
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ARCHITECT CONTACT INFORMATION	
Firm Name:	
Name of Architect:	
Address:	
Telephone:	
Fax:	
E-mail:	
GENERAL CONTRACTOR INFORMATION	
Firm Name:	
Primary Contact:	
Address:	
Telephone:	
Fax:	
E-mail:	
OTHER CONTRACTOR INFORMATION	
Firm Name:	
Primary Contact:	
Address:	
Telephone:	
Fax:	
E-mail:	

Owner's/Representative's Name

Signature

Date

Required Documentation

Each application should be accompanied by documentation. The information required depends on the project's size and scope. At a minimum, and in addition to the summary information provided above, please attach the following material to each request:

(1) Photographs of the subject building(s) and site detailing both the existing conditions as well as any historic context(s)/setting(s) that may be affected by the proposed work;

(2) Any plans, drawings, or other design documents already developed for this particular request, or any earlier plans, drawings or design documents that may be relevant to your request; and

(3) Any additional information that may support or be helpful in understanding your request.

Submitting Your Application

Please submit this application, along with the required documentation, via mail, e-mail, or fax.

Mail to:

Michigan Historic Preservation Network 313 E. César E. Chávez Ave. Lansing, MI 48906

E-mail: <u>xbaosmith@mhpn.org</u>

Fax: 517-371-9090