



**CITY OF OWOSSO  
HISTORIC DISTRICT COMMISSION APPLICATION  
CERTIFICATE OF APPROPRIATENESS  
OR NOTICE TO PROCEED**

**\$40.00 APPLICATION FEE**

This application must be received by the Owosso Building Department a minimum of ten working days prior to a regularly scheduled meeting of the Historic District Commission. 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 requires a C of A.

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

1. Description of work proposed – be specific
2. 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 11 x 17 then additional copies may be requested. Plan shall show existing property lines and any prominent features on the site.
3. 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

**Property Address:** \_\_\_\_\_

**Property Owner's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Proposed start date:** \_\_\_\_\_

**Proposed completion date:** \_\_\_\_\_

I hereby certify that that proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

Does the property have or will it have before the proposed project completion date, a fire alarm system or smoke alarm complying with the requirements of the Stille-DeRossett-Hale Single State Construction Code Act, 1972 PA 230, MCL 125.1501 to 125.1531?      YES    NO

**Property Owner's Signature:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

- Please contact Nathan Henne for further information 989-725-0568 or [nathan.henne@ci.owosso.mi.us](mailto:nathan.henne@ci.owosso.mi.us)
- Return application to the Building Department at City Hall, 301 W. Main St., Owosso, MI 48867 or email to [tanya.buckelew@ci.owosso.mi.us](mailto:tanya.buckelew@ci.owosso.mi.us)

**Office Use Only**

Date application received	Certificate #
Building permit required    YES    NO	Sign permit required    YES    NO
Staff Action    APPROVED    DENIED    REFERRED TO HDC	
HDC meeting date	HDC Action    APPROVED    DENIED
Conditions of Approval (if applicable)	