

ANN ARBOR HISTORIC DISTRICT COMMISSION

APPLICATION for HISTORIC MARKER

100 N. Fifth Avenue Ann Arbor, MI 48104 (734)794-6265 x42608 Fax: (734) 994-8312
Historic District Coordinator Email: jthacher@a2gov.org www.a2gov.org

Section 1: Applicant Information

Name of Property Owner: _____

Address of Owner: _____

Daytime Phone:_(_____)_____

Fax:_(_____)_____

Email: _____

Signature of owner: _____ date:_____

Section 2: Historical Information (attach additional sheets as necessary)

Address of Property: _____

Name of Historic District, if applicable: _____

Name of First Owner of building:_____

Bibliographic Source: _____

Date of Construction: _____

Bibliographic Source: _____

Additional history of the property—including ownership, evolution of the building and its use:

(continue on reverse or on additional sheets)

Section 3: Photographs (attach or submit electronic copy of a photo of the building)

Staff Use Only

Date Submitted: _____ Date of completed application: _____

Staff Reviewer & Date: _____ Date of HDC Action: _____

Staff signature: _____ Action: _____HDC Approval _____HDC Denial

Comments: _____