



City of Ann Arbor
PLANNING & DEVELOPMENT SERVICES — PLANNING SERVICES

301 E. Huron Street P.O. Box 8647 Ann Arbor, Michigan 48107-8647
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ANN ARBOR HISTORIC DISTRICT COMMISSION APPLICATION

Section 1: Property Being Reviewed and Ownership Information	
Address of Property:	<u>524 3rd St.</u>
Historic District:	<u>OLD WEST SIDE</u>
Name of Property Owner (If different than the applicant):	<u>RICHARD K. NORTON & PATRICIA D. KOMAN</u>
Address of Property Owner:	<u>SAME</u>
Daytime Phone and E-mail of Property Owner:	<u>734.936.0197 WORK</u> <u>734.474.4052 CELL</u> <u>rk.norton@umich.edu</u>
Signature of Property Owner:	<u>[Signature]</u> Date: <u>7/23/15</u>
Section 2: Applicant Information	
Name of Applicant:	<u>SAME</u>
Address of Applicant:	<u>SAME</u>
Daytime Phone: ()	<u>SAME</u> Fax: ()
E-mail:	<u>SAME</u>
Applicant's Relationship to Property:	<input checked="" type="checkbox"/> owner <input type="checkbox"/> architect <input type="checkbox"/> contractor <input type="checkbox"/> other
Signature of applicant:	<u>[Signature]</u> Date: <u>7/23/15</u>
Section 3: Building Use (check all that apply)	
<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Single Family <input checked="" type="checkbox"/> Multiple Family <input type="checkbox"/> Rental
<input type="checkbox"/> Commercial	<input type="checkbox"/> Institutional
Section 4: Stille-DeRossett-Hale Single State Construction Code Act (This item MUST BE INITIALED for your application to be PROCESSED)	
Public Act 169, Michigan's Local Historic Districts Act, was amended April 2004 to include the following language: "...the applicant has certified in the application that the property where the work will be undertaken has, or will have before the proposed completion date, a a fire alarm 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."	
Please initial here:	<u>RKN</u>

Section 5: Description of Proposed Changes (attach additional sheets as necessary)

1. Provide a brief summary of proposed changes. _____

PLEASE SEE ATTACHED

2. Provide a description of existing conditions. _____

3. What are the reasons for the proposed changes? _____

4. Attach any additional information that will further explain or clarify the proposal, and indicate these attachments here.

5. Attach photographs of the existing property, including at least one general photo and detailed photos of proposed work area.

STAFF USE ONLY

Date Submitted: _____ Application to _____ Staff or _____ HDC

Project No.: _____ HDC _____ Fee Paid: _____

Pre-filing Staff Reviewer & Date: _____ Date of Public Hearing: _____

Application Filing Date: _____ Action: _____ HDC COA _____ HDC Denial

Staff signature: _____ _____ HDC NTP _____ Staff COA

Comments: