



MISHAWAKA
HISTORIC
PRESERVATION
COMMISSION

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Department of Building, Community Development & Planning • City Hall
600 East Third Street • Room 201 • Mishawaka, IN 46544
(574) 258-1625 Fax (574) 968-6999

Staff Use Only

DATE RECEIVED _____ APPLICATION NUMBER _____

PAST REVIEWS: YES (*DATE OF LAST REVIEW*) _____ NO

HISTORIC COMMISSION REVIEW DATE: _____

LOCAL HISTORIC DISTRICT (*NAME*) _____

NATIONAL REGISTER DISTRICT (*NAME*) _____

CERTIFICATE OF APPROPRIATENESS:

DENIED TABLED APPROVED AND ISSUED _____
DATE

ADDRESS OF PROPERTY FOR PROPOSED WORK _____

STREET NUMBER AND STREET NAME

LEGAL DESCRIPTION _____

NAME OF PROPERTY OWNER(S) (*PLEASE PRINT*) _____

ADDRESS OF PROPERTY OWNER(S) _____

CONTRACTOR(S) NAME _____

CONTRACT COMPANY NAME _____

CONTRACTOR ADDRESS _____

CITY _____ PHONE _____

CURRENT USE OF BUILDING _____

(SINGLE FAMILY – MULTI-FAMILY – COMMERCIAL – GOVERNMENT – INDUSTRIAL – VACANT – ETC.)

TYPE OF BUILDING CONSTRUCTION _____

(WOOD FRAME – BRICK – STONE – STEEL – CONCRETE – OTHER)

PROPOSED WORK IN-KIND LANDSCAPE NEW REPLACEMENT (*NOT IN-KIND*) DEMOLITION

CHECK THOSE THAT APPLY

DESCRIPTION OF PROPOSED WORK _____

CONTACT PERSON FAX _____ PHONE _____ EMAIL _____

_____ AND/OR _____

SIGNATURE OF OWNER

SIGNATURE OF CONTRACTOR

APPLICATION FEE IS \$10.00

FEE MUST ACCOMPANY THE APPLICATION AT THE TIME OF SUBMISSION.