Project Number: _____

# Department of Community Development
# Heritage Preservation Design Review Form

| Applicant's Name: _____ | Owner's Name: _____ |
|---|---|
| Address: _____ Street | Address: _____ Street |
| _____ City State Zip | _____ City State Zip |
| Telephone: _____ | Telephone: _____ |
| Do you have an architect /engineer for this project? θ Yes θ No | Name: _____ Addr: _____ _____ Phone: _____ |

**Historic District:** θ Downtown θ Historic Mall θ West Residential

**Type of Work (As defined by City Code, Chapter 16)**

θ Minor Face Lift θ Major Face Lift θ Demolition
θ Restoration θ Rehabilitation θ Signage (Sign permit must also be filed)
θ New construction

Address of the Project: _____
Parcel Number 55-_____

## Please attach the following:

θ A current photograph of the exterior sides of the building (or site) where work will take place.
θ A scaled elevation drawing of the sides of the building illustrating the work to be completed.
θ A site plan.
θ A short narrative of the work to be done and how the work relates to the building's architectural history.
θ Exterior building materials samples and paint chips of proposed colors.

**Authority to file application:** θ Ownership θ Tenant θ Other

I hereby certify that the above information and accompanying documents are true and accurate to the best of my knowledge and acknowledge that the process of this application may require additional fees and expenses for the preparation of necessary environmental documentation and planning studies.

_____ _____
Applicant's signature Date

**For City of Red Wing Use Only**

Application Base Fee ($50): _____ Receipt Number: _____

θ Approved as submitted (Date: _____) θ Approved w/ conditions (Date: _____) θ Denied (Date: _____)

θ Council granted appeal (Date: _____) θ Appeal denied by Council (Date: _____)

_____
Zoning Administration

315 W. 4th Street υ Red Wing, MN 55066 υ (651) 385-3622 ◆ (651) 388-9608 FAX