



**Heritage Preservation Design Review Form** 

Applicant's Name:	Owner's Name:	
Address:	Address:	
Street	Street	
City State Zip	City State Z	 !ip
Email:	Email:	•
Telephone:	Telephone:	
Do you have an architect /engineer for this project? Name:		
□ Yes □ No	Name:	
□ 1€5 □ INU	Address:	
Email:	Phone:	
Historic District:   □ Downtown	□ Historic Mall □ West Residentia	al
Type of Work (As defined by City Code, Chapter 16)		
□ Minor Face Lift □ Major Face □ Restoration □ Rehabilitati		
	ion	
Address of the Project:		
Parcel Number _ <b>55</b>		
Please attach the following:		
<ul> <li>A current photograph of the exterior sides of the building (or site) where work will take place.</li> <li>A scaled elevation drawing of the sides of the building illustrating the work to be completed.</li> <li>A site plan.</li> </ul>		
<ul> <li>A short narrative of the work to be done and how the work relates to the building's architectural history.</li> <li>Exterior building materials samples and paint chips of proposed colors.</li> </ul>		
Authority to file application:   Ownership	□ Tenant □ 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		
(For City of Red Wing Use Only)		
Application Base Fee (\$50): Receipt Number:		
□ Approved as submitted (Date:) □ Approved w/ conditions (Date: ) □ Denied (Date: )		
□ Council granted appeal (Date:) □ Appeal denied by Council (Date:)		
Zoning Administration		