



MISHAWAKA  
HISTORIC  
PRESERVATION  
COMMISSION

## APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

**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.

Department of Planning & Community Development • City Hall  
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