



Community Planning and Economic Development
 Historic District Commission
 245 N. Rose Street
 Kalamazoo, MI 49007
 Telephone: (269) 337-8804; FAX (269) 337-8513
ferraros@kalamazoo.org

APPLICATION FOR PROJECT REVIEW – Administrative review

(PLEASE PRINT CLEARLY - See instructions on reverse side)

Property Address: _____
 Historic District: [] South/Vine [] Stuart [] West Main Hill [] Rose Place [] Haymarket
 Applicant: _____ Owner: _____
 Mailing Add. _____ Mailing add _____
 City State & Zip: _____ City, State Zip _____
 Phone: _____ Phone: _____
 Email _____@_____ Email _____@_____

Satellite dish/ antenna to be installed (describe location on house):

_____ This property has at least one working smoke detector for each dwelling unit. (Required) * see back
 (Owner or applicant's initials)

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____
 (if different)

=====

--For Historic Preservation Coordinator's Use Only--

Case Number: _____ Date Received: _____

ADMINISTRATIVE

Staff Review Date: _____ [] Approve [] Site Visit [] Approve w/Conditions
 COMMENTS _____

Certificate of Appropriateness Issued _____
 Notice to Proceed _____ Comments _____

Referred to Historic District Commission for hearing* _____ \$85 fee
 Hearing date _____

- [] This project will not require a building permit. There are no fees for this project
- [] * If this project is referred to the Historic District Commission for review at a monthly hearing, there is a required \$85 hearing fee.

Historic District Commission - APPLICATION FOR PROJECT REVIEW

Satellite dish or antenna - *Filling out the application – instructions and tips –*

PLEASE PRINT.

Property address: street address of the property

Historic district: South/Vine Stuart West Main Hill Rose Place Haymarket

Applicant: Owner or the owner's contractor. **Owner:** Legal owner of property

Mailing Address: Applicant's address **Mailing Address:** Owner's address

City, State & Zip: **City, State & Zip:**

Phone: Specify home or work **Phone:** Specify home or work

Email **Email**

Proposed Work: Describe where the satellite dish will be installed.

(Remember: Always apply for and obtain a "Certificate of Appropriateness" BEFORE the satellite dish is installed.)

Example #1: Rather than "Install satellite dish."

Say "Install satellite dish on rear gable of roof"

OR

"Install antenna behind chimney/ on chimney on rear side"

OR

"Install satellite dish on corner board of southwest corner of house below the edge of the eaves."

Ideally the satellite dish will be installed

- **On the rear façade or the rear half of the sides if mounted on the wall of the structure.**
- **Behind a chimney if this still provides optimal reception.**
- **On a garage or outbuilding**

IF the dish or antenna cannot be installed on a part of the building shielded from public view, the installation may be referred to the Historic District Commission for a hearing. The commission may not DENY a satellite dish installation, but it may regulate its location:

- The installer must provide a written document verifying that optimal reception cannot be obtained from an installation at the rear of the building.
- The document should propose an appropriate location for installation and any reasons that the rear installation would not work. (*Such as – mature trees on the south side of the house blocks reception.*)

If the installation must be reviewed by the commission at its regular monthly meeting, the coordinator will be responsible for taking photos and there will be a \$85 hearing fee.

* This property has at least one working smoke detector for each dwelling unit. Please check to verify at least one working smoke detector in each dwelling unit. According to state law, this box must be initialed or the application will be considered incomplete.

If you have questions about completing this application for project review, please call Sharon Ferraro, the Historic Preservation Coordinator at 337-8804 or by email at ferraros@kalamazocity.org.