



Department of Planning and Community Development
Kalamazoo Historic District Commission

415 Stockbridge
Kalamazoo, Michigan 49001
Telephone (269) 337-8804
FAX (269) 337-8513
ferraros@kalamazoo.org

APPLICATION FOR PROJECT REVIEW

SATELLITE DISHES

(PLEASE PRINT CLEARLY - See instructions on reverse side)

Property Address: _____ Historic District: _____
Applicant: _____ Owner: _____
Mailing Add. _____ Mailing add _____
City State & Zip: _____ City, State Zip _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____
Email _____ Email _____

Satellite dish 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: _____

REFERRED TO:

COMMISSION

Meeting Date: _____
Comments: _____

Suggested Action: [] Approve [] Site Visit
[] Approve w/Conditions [] Deny

ADMINISTRATIVE

Staff Review Date: _____
COMMENTS _____

COA issued _____

FINAL ACTION

[] Approve [] Site Visit [] Approve w/Conditions ACTION DATE _____
[] Deny [] Postpone [] Withdrawn

Certificate of Appropriateness Issued _____
Notice of Denial with appeals information _____
Notice to Proceed _____

Historic Preservation Coordinator Date

Historic District Commission
Application for Project Review
Filling out the application – instructions and tips.

Property address: street address of the property where the work will be done	Historic district: Stuart, South Street, Haymarket, Vine Area or Rose Place
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
FAX:	FAX:
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 satellite dish 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 cannot be installed on a part of the building shielded from public view, the installation will need to be reviewed and approved by the full commission. 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.

* [] 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.