



CITY OF CARMEL  
CARMEL HISTORIC PRESERVATION COMMISSION  
HISTORIC OR CONSERVATION DISTRICT  
APPLICATION FORM

Case Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Name of Property/District: \_\_\_\_\_

Identified in the 2014 Historic Architecture Survey of Carmel and Clay Township:

Recommended District    Outstanding    Notable    Contributing    N/A

Address of proposed district or rough description of boundaries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Select One:  Historic District    Conservation District    Individual Property

**APPLICANTS**

*If more than five applicants, attach continuation sheet(s).*

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_



## PUBLIC INFORMATION SESSIONS

For district applications, please identify a location for public information sessions to be held during the designation process. If you are having difficulty identifying such a location, please consult with the staff of the Commission. These sessions will be open to property owners within the proposed district. Please propose a potential date and time for the first meeting, considering that it will need to occur after the Commission hears the preliminary application at their regularly scheduled meetings.

Meeting Location: \_\_\_\_\_

Proposed First Meeting Date/Time: \_\_\_\_\_

### APPLICATION REQUEST

I (we) the owner(s) in fee simple of the property(ies) described herein, hereby request that the Carmel Historic Preservation Commission consider initiating the establishment of said property(ies) as a local historic/conservation district, subject to city ordinance. Attach continuation sheet(s) if necessary.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*For assistance filling out this application including obtaining a text editable document, or to submit a completed application, please contact the staff of the Carmel Historic Preservation Commission at:*

*Mark Dollase MDollase@indianalandmarks.org 317-639-4534  
Raina Regan RRegan@indianalandmarks.org 317-639-4534*