



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: _____

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Applicant Phone: _____ Email Address: _____

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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
Sam Burgess SBurgess@indianalandmarks.org 317-639-4534*