



HISTORICAL MARKER APPLICATION

Submit to: MOUNT CLEMENS HISTORICAL COMMISSION

One Crocker Boulevard, Mount Clemens, MI 48043

Present Owner Name: (printed) _____

Address: _____

Telephone: _____

Legal Description: Attach Documentation _____

Original Owner: _____

Date of Application: _____

Description of Building: _____

Date of Construction: (Attach copies of pages from City Directories) _____

Materials Used: Clapboard _____ Stone _____ Brick _____ Stucco _____ Shingles _____
Board and Batten _____ Cobblestone _____ Other _____

Condition: Excellent _____ Good _____ Fair _____ Deteriorated _____

Integrity: Original Site _____ Moved _____ If so, when? _____

Notes on alterations and additions with dates and architect, if known: _____

Notable Features: _____

Related Outbuildings (list): _____

Photos Attached (list): (Attach additional pages if necessary) _____

Construction: Architect, if applicable: _____

Builders, if known: _____

Notes of Original plans: _____

Use: Original _____ Present _____

A Copy of the original deed to your property is requested for further information and documentation.

Attach any additional information to this application.

No restrictions are placed on the property for obtaining a Mount Clemens Historical Marker.

Applicant's Signature

Date

Approved

Date