

Request for a Work Session

Historic District Commission

Owner: _____ Applicant: _____
(If different)

Address: _____ Address: _____
(Street) *(Street)*

(City, State, Zip) *(City, State, Zip)*

Phone: _____ Phone: _____

Signature: _____ Signature: _____

Date of Work Session	Month	Year

LOCATION OF STRUCTURE

Address: _____

Map: _____ Lot: _____ Zoning District: _____

Brief Description of Work: _____

Name of Presenter for HDC Work Session: _____