



PLANNING DEPARTMENT

HISTORIC DISTRICT APPLICATION

Residential Paint and Re-Roofing Application

File No. \_\_\_\_\_

CHECK THE APPLICABLE HISTORIC DISTRICT:

- Checkboxes for Downtown, South Oakdale, Geneva-Minnesota, Corning Court Ensemble, and Property Individually Listed on National Register.

1. APPLICANT INFORMATION (If a corporation, list all principals)

Name \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_
Email \_\_\_\_\_

Do you own this property? \_\_\_\_\_ If yes, please skip question #2

2. OWNER INFORMATION (Owner's consent required)

Name \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_
Email \_\_\_\_\_

3. PROPERTY DESCRIPTION

Property Street Address: \_\_\_\_\_ Year built: \_\_\_\_\_

4. I HEREBY STATE THAT THE FACTS RELATED IN THE ABOVE APPLICATION AND THE PLANS AND DOCUMENTS SUBMITTED HERewith ARE COMPLETE, TRUE, CORRECT, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature \_\_\_\_\_ [ ] Applicant [ ] Agent [ ] Owner

Date: \_\_\_\_\_

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**HISTORIC COMMISSION APPLICATION - Paint or Re-Roofing**

**Exterior Painting**

**5. PROJECT DESCRIPTION**

	Color	Sheen	Manufacturer
Body:	_____		
Trim 1:	_____		
Trim 2:	_____		

**6. REQUIRED SUBMITTALS**

- Application Form (completed and signed)
- Street-facing photo (4 x 6 inch minimum size)
- TWO sets of paint chips for all proposed colors
- A minimum 8 1/2 x 11 inch drawing or photo of each elevation that indicates where each paint color will be applied
- Written Consent of Owner (attached herein, if required)
- Fee  
\$25.00  
Checks made payable to *City of Medford*  
Pay at time of submittal to the Planning Department, cash or check

**CITY USE ONLY**

<input type="checkbox"/>	Approved	File No:	_____
<input type="checkbox"/>	Denied	Reason for Denial:	_____
_____			
By:	_____	Date:	_____
Print:	_____	Title:	_____

**HISTORIC DISTRICT APPLICATION - Paint or Re-Roofing**

**Residential Re-Roofing**

**5. PROJECT DESCRIPTION**

Roofing Material to be removed (ie. shake, shingle) \_\_\_\_\_

Pre-Approved Roofing Material to be installed \_\_\_\_\_

*(Per Paint and Roof Approval Criteria Adopted December 2007)*

Color \_\_\_\_\_ Manufacturer \_\_\_\_\_

**6. REQUIRED SUBMITTALS**

- Application Form (completed and signed)
- Samples or Manufacturer's specification sheet of all proposed roofing materials
- Color photographs showing the street-facing elevation(s) documenting the existing roof character (4 x 6 inch minimum size)
- If proposing to recreate historic roofing detail, include historic images documenting the original character of the roof
- Written Consent of Owner (attached herein, if required)
- Fee  
\$25.00  
Checks made payable to *City of Medford*  
Pay at time of submittal to the Planning Department, cash or check

**CITY USE ONLY**

Approved File No. \_\_\_\_\_

Denied

Reason for Denial: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Title: \_\_\_\_\_

**HISTORIC DISTRICT APPLICATION - Paint or Re-Roofing**

**WRITTEN CONSENT OF OWNER**

I, \_\_\_\_\_, the property owner of Tax Lot \_\_\_\_\_  
on Jackson County Assessor Map \_\_\_\_\_, hereby consent to the  
filing of an application for \_\_\_\_\_ on said property,  
and will allow \_\_\_\_\_ to represent me before the  
City of Medford Approving Authority.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_