

Historic Preservation Commission
Application for Street Side Rescue Platform
Ordinance 15.25(B)(5)

Property Address _____

Applicant's Name(s) _____

Owner's Name (if different) _____

Phone Number of Contact Person _____

Applicant requests the approval of a street side rescue platform from the Historic Preservation Commission.

1. Attached is a detailed description of the proposed rescue platform, including details on how the final appearance of the proposed rescue platform is architecturally consistent with the architecture of the dwelling.

_____ Yes _____ No

2. Attached are scaled drawings of the proposed rescue platform that show materials and color.

_____ Yes _____ No

3. Attached are color photos of the dwelling.

_____ Yes _____ No

4. Please provide a brief explanation on why the rescue platform is being proposed on the street side of the dwelling.

Date _____

Applicant/Owner