



HISTORIC PRESERVATION CERTIFICATION APPLICATION

DECLARATION OF LOCATION

State Historic Preservation Office

Michigan Strategic Fund

Revised 12/2021

SHPO USE ONLY

State Project Number

1. Resource Information

Historic Property Name _____

Address: Street _____

City _____ County _____ Zip _____

2. Project Contact (if different than applicant)

Name _____ Organization Name _____

Address: Street _____

City _____ State _____ Zip _____

Daytime telephone number _____ E-mail _____

3. Applicant

Name _____ Organization Name _____

Mailing Address: Street _____

City _____ State _____ Zip _____

Daytime telephone number _____ E-mail _____

4. Declaration – Must be completed by an official representative of the local unit of government.

Name of local historic district _____ Year established _____

Name/title of official representative _____

Address of local unit of government:

Street _____

City _____ County _____ Zip _____

I hereby attest that the information provided is, to the best of my knowledge, correct, and that the above-named resource is located within the boundaries of, and is a contributing resource in, a local historic district as established under Michigan's Local Historic Districts Act (P.A. 169 of 1970, as amended).

Signature of official representative

Date