

Michigan State Housing Development Authority
State Historic Preservation Office

MHRP

LOCAL HISTORIC DISTRICT DESIGNATION VERIFICATION FORM

1. RESOURCE INFORMATION

Address: Street _____
City _____ County _____ Zip _____

2. OWNER(s) OF RESOURCE

Name A) _____

Signature A) _____

Address: Street _____
City _____ County _____ Zip _____

Name B) _____

Signature B) _____

Address: Street _____
City _____ County _____ Zip _____

3. ATTACHMENT

Attach a copy of the Historic District Study Committee Report that designates this resource as contributing to a Local Historic District.

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