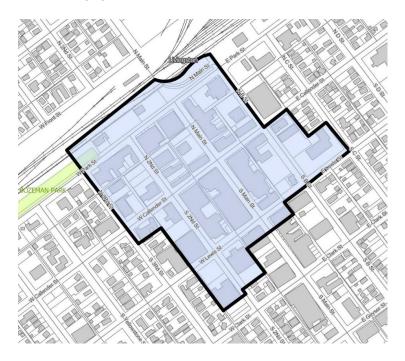
City of Livingston
Department of Planning
220 E. Park St.
Livingston, MT 59047
(406)222-4903
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City of Livingston Historic Design Review Application Instructions

Historic Design Review is required for all exterior and signage modification of any structure within the Downtown Historic District (map below), including painting and façade changes. All Historic Design Review Permits are reviewed by the Historic Preservation Committee (HPC). The HPC meets at 3:30 p.m. on the second Tuesday of every month. Applications must be submitted 10 days prior to the HPC meeting to be included on the next meeting agenda.



Submittal Requirements:

- Completed Application Form
- Building Elevations with dimensions of doors and windows, proposed changes, materials and colors, and architectural features clearly shown.
- Sign plans showing location, size, shape, color, wording and mounting structure (if required). Photographs of the structure and adjoining structures.
- Any other documents needed to show compliance with Chapter 31 of the Livingston Municipal Code-Historic District Overlay Zoning.
- This application must be accompanied by a site plan and/or drawing that identifies the location of the exterior modifications on, or in relation to, the structure. This information may be prepared by the applicant; it does not need to be prepared by a design professional.

All documents shall be submitted on either 8 ½" x 11" or 11" x 17" paper. Additionally, digital copies of the submittal in PDF file format are required.

City of Livingston Historic Design Review Application Form

| 1. | Applicant's Name: | | | | | | | |
|------------|--|-------|----|--|---|--|--|--|
| 2. | Location of Property | | | | | | | |
| | Street Address: | | | | | | | |
| | Business Name (if applica | ble): | | | | | | |
| 3. | Contact Information | | | | | | | |
| | Property Owner | | | | | | | |
| | Home Address: | | | | | | | |
| | Phone Number: | | | | | | | |
| | Email Address: | | | | | | | |
| | Primary Contact/Apple | icant | | | | | | |
| | Name: | | | | | | | |
| | Address: | | | | | | | |
| | Phone Number: | | | | | | | |
| | Email Address: | | | | | | | |
| | Secondary Contact | | | | | | | |
| | Name: | | | | _ | | | |
| | Address: | | | | | | | |
| | Phone Number: | | | | | | | |
| | Email Address: | | | | | | | |
| 1 . | Project Information- please check all proposed exterior changes (attach necessary details to the form) | | | | | | | |
| | Signage | Yes | No | | | | | |
| | Provide the following information for each new sign: a diagram of the sign that shows the size, color(s material and location of the sign relative to the structure as well as how sign will be mounted/ anchore | | | | | | | |

| Lighti | ng | Yes | No | | | |
|---------------|---|----------------------|--------------|-----------------|--|--------|
| Show | the location(s) of new | light fixtures and | attach the m | nanufacturer o | ut sheet. | |
| Paint/ | / Trim | Yes | No | | | |
| Show to photo | * * | paint/ trim work | on the build | ling and attacl | n a paint sample (digital sample | or |
| Siding | | Yes _ | | | | |
| Show | the location(s) of new | siding and attach | the manufac | cturer cut she | et. | |
| Windo | ows | Yes _ | No | | | |
| Show | the location(s) of new | windows and atta | ich the manu | ıfacturer cut s | heet. | |
| Other | Façade/ Exterior I | mprovements | | Yes _ | No | |
| | be and show the loca e proposed work and | | | | nn those listed above; provide de for design elements. | etails |
| • | Manufacturer cut she substituted for manuf | facturer cut sheets. | | | Photos or detailed drawings may eed to be prepared by a design | be |
| : | | ing considered so | | | have not yet been finalized, plea approved to prevent unnecessa | |
| I hereby | y certify that the info | ormation include | d in this ap | plication is t | rue and accurate. | |
| Applican | nt's Signature | | | Date | | |
| | ui i .i .i .i .i | | | | | |
| | t lled out by the Zoni Review Complete? _ | O | | | | |
| Building | Permit required? | YesN | No | | | |