

Department of Planning and Economic Development 1000 Rochester Hills Dr. Rochester Hills, MI 48309 (248) 656-4660 planning@rochesterhills.org www.rochesterhills.org Historic Districts
Commission (HDC)
New Construction/
Demolition Application

Non-contiguous

Dro	00+	Information
FIU	CUL	Illionilation

☐ Stoney Creek

Project information	
Name Barns Senior Living	
Requesting approval for (check all that apply)	
■ New Building □ Building Reloc	ation   Exterior Alteration
☐ Addition ☐ Demolition	☐ Other (please describe)
Type of Use	
Residential Commercial	☐ Other (please describe)
Year Home/Structure Built (for an existing home/structure)	
Description of Proposed Project and Use(s) A 12 bed senior living/assisted living	
History of site, structure(s), and building(s) 1841 Crooks rd, a vacant land with a historic senior living	Barn. Requesting to build a 12 bed single story
Property Information	
Street Address 1841 Crooks rd Roches	ster Hills MI
Parcel Identification Number (can be obtained on the <u>Property Tax Look-Up page on the City's website</u> ) #15-20-428-003	Property Dimensions Width at Road Frontage: 251.23 Depth: 312.32
Land Area (acres) 1.9	# of Lots/Units (if applicable)
Current Use(s)  Vacant land with barn	Current Zoning Residential
Historic District Location (check one as indicated on the City's F	Historic Districts Map)

□ Winkler Mill Pond



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## **HDC New** Construction/ **Demolition Application**

Amaliaand	1-5
ADDUCANT	Information

Applicant Information								
Name Grace Propertie	3							
Name arace Properties. Address 2695 Powder har	n vidge vu	/						
City Lockester H://s	State 1	Zip	48309					
Phone 248568 7199		State M/ Zip 48309 Email lijoct@ne.com						
Applicant's Legal Interest in Property	ure 1	7						
Property Owner Information ☐ Check he	re if same as above							
Name LIGO ANTONY								
Address 2695 Powelerhorn wagers								
City Rochester 14:11s	0	State M /	Zip	48309				
Phone 2485687194		Email ();	oct@me.	iom				
Applicant's/Property Owner's Signature								
I (we) do certify that all information contained		ocomponing plan	a and attachments a	re complete and converte				
to the best of my (our) knowledge.	eu iii tiiis appiication, a	ccompanying plai	is and attachments ar	le complete and accurate				
I (we) understand that if it is determined that the application is not complete, the City shall immediately identify in writing what is needed to make the application complete.								
I (we) understand and acknowledge that an	y work authorized by th	e Historic Districts	s Commission is requi	ired to be inspected by City				
Inspectors, and authorize the employees an								
the above referenced property.								
I (we) hereby certify that the property (resou								
completion date, a fire alarm system or a sn								
construction code act, 1972 PA 230, MCL 1				olic Act 65, amended April				
20, 2004, an Amendment to Public Act 169 of 1970, Michigan's Local Historic District Act).								
I (we) will notify the Department of Planning	& Economic Developm	ent upon complet	ion of the approved w	vork.				
Applicant's Signature	1 ./	Applicant's Printed Name  Orone Owner's Printed Name		Date 8/26/20 Date 8/26/20				
Property Owner's Signature	Property Ow	roperty Owner's Printed Name		Date				
J. J.	4130	1 ANTONY		8/26/20				
OFFICE USE ONLY								
Date Filed			Escrow #					
1110 17			LSOIOWII					