

**CERTIFICATE OF APPROPRIATENESS
CITY OF LINDEN - HISTORIC DISTRICT COMMISSION**

Resource Address: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____

Resource on National Register Yes No State Register Yes No

Description of Proposed Work: (Include existing materials and proposed materials,
color selections, and lettering styles) _____

(Attach conceptual drawing or sketch of proposed work)

Fire Alarm System/Smoke Alarm: PA 67 of 2004 amending PA 169 of 1970 has been amended to require project applicants to certify that on or before the date of completion of proposed work their buildings will have a code compliant smoke detector or fire alarm system. Failure to provide such certification will constitute an incomplete application.

I CERTIFY THAT ON OR BEFORE THE DATE OF COMPLETION OF PROPOSED WORK THE BUILDING WILL HAVE A CODE COMPLIANT SMOKE DETECTOR OR FIRE ALARM SYSTEM.

(Signature of Applicant)

HDC Review Date: _____ _____ Approved _____ Denied

Approved with the following conditions: _____

HDC Chairperson Date: _____

Filing Date _____
Fee Amount _____ Date Paid _____
HDC Meeting Date _____