



## MINOR HISTORIC REVIEW APPLICATION – Type I

### 1. CHECK THE HISTORIC DISTRICT:

- Downtown
  Corning Court Ensemble
  Geneva-Minnesota  
 South Oakdale
  Property Individually Listed on National Register

### 2. CHECK THE PROJECT TYPE(S):

- Residential Re-Roofing
  Residential Exterior Paint Color Change  
 New Sign
  Commercial Exterior Paint Color Change  
 Change of Existing Sign Face
  Commercial Awning Fabric Replacement

### 3. ADDRESS WHERE WORK WILL BE DONE:

---

### 4. APPLICANT INFORMATION (If a corporation, list all principals)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Email \_\_\_\_\_

Telephone Primary \_\_\_\_\_ Secondary \_\_\_\_\_

### 5. AGENT INFORMATION (Owner's consent required)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Email \_\_\_\_\_

Telephone Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Minor Historic Review Application – Type I

**6. PROPERTY OWNER/CONTRACT PURCHASER OF RECORD**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP  
Code \_\_\_\_\_

Email \_\_\_\_\_

Telephone Primary \_\_\_\_\_ Secondary \_\_\_\_\_

**7. SUBMIT THE APPLICATION AND REQUIRED DOCUMENTS**

- This application form, signed
- Supplemental information listed for each project type (pages 3 – 6)
- Written consent, if applicable (page 7)
- Submit the package (one paper copy and electronic submittal required)
  - Electronic submittal options:
    - Send via email to [planning@cityofmedford.org](mailto:planning@cityofmedford.org)
    - Submit on a flash drive or other USB storage device (will not be returned)
  - Paper submittal options (one paper copy required):
    - Physical address: 200 S. Ivy Street, Medford, OR 97501
    - Mailing address: 411 W. 8th Street, Medford OR 97501
- Fees
  - \$50
  - Fees are due at time of application submittal
  - Checks shall be made payable to *City of Medford*

**8. I HEREBY STATE THAT THE FACTS RELATED IN THE ABOVE APPLICATION AND THE PLANS AND DOCUMENTS SUBMITTED HERewith ARE COMPLETE, TRUE, CORRECT, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Signature \_\_\_\_\_  Applicant  Agent  Owner

**All submittals must be single sided**

Minor Historic Review Application – Type I

**COMMERCIAL OR RESIDENTIAL EXTERIOR PAINT COLOR CHANGE**

**9. PROJECT DESCRIPTION**

	Color	Sheen	Manufacturer
Body:	_____		

Trim 1:	_____		
---------	-------	--	--

Trim 2:	_____		
---------	-------	--	--

*(From approved Landmarks & Historic Preservation Commission color palette)*

- Commercial
- Residential

**10. REQUIRED SUBMITTALS**

- Street-facing photograph of structure (4 x 6 inch minimum size)
- One set of paint chips for all proposed colors
- Drawing or photograph of each elevation indicating where each color will be applied (8 ½ x 11 inch minimum)

**CITY USE ONLY**

<input type="checkbox"/> Approved	File No. _____
<input type="checkbox"/> Denied	
Reason for Denial:	_____
	_____
By: _____	Date: _____
Print: _____	Title: _____

Minor Historic Review Application – Type I

**RESIDENTIAL RE-ROOFING**

**9. PROJECT DESCRIPTION**

Type of roofing material to be removed  
(i.e., shake, shingle): \_\_\_\_\_

Color of roofing material to be removed: \_\_\_\_\_

Type of roofing material to be installed: \_\_\_\_\_

Color of roofing material to be installed: \_\_\_\_\_

*(Per Paint and Roofing Approval Criteria Adopted December 2007)*

**10. REQUIRED SUBMITTALS**

- Samples or Manufacturer's specification sheet of all proposed roofing materials
- Color photographs showing the street-facing elevation(s) documenting the existing roof character (4 x 6 inch minimum size)
- If proposing to recreate historic roofing detail, historic images documenting the original character of the roof are required

**CITY USE ONLY**

<input type="checkbox"/> Approved	File No. _____
<input type="checkbox"/> Denied	
Reason for Denial: _____	
By: _____	Date: _____
Print: _____	Title: _____

# Minor Historic Review Application – Type I

## NEW SIGN OR CHANGE OF EXISTING SIGN FACE

### 9. PROJECT DESCRIPTION – NEW SIGN ONLY

WALL:

Zoning \_\_\_\_\_

Area Allowed per Linear Foot (sq. ft.) _____	Building Wall Length (ft.) _____	Maximum Sign Area Allowed (sq. ft.) _____
New Sign Length (ft.) _____	New Sign Height (ft.) _____	Area of New Sign (sq. ft.) _____
Area of Existing Signage to Remain (sq. ft.) _____	Total Sign Area (existing + new, in sq. ft.) _____	

GROUND:

Zoning \_\_\_\_\_

Maximum Height Allowed (ft.) _____	Maximum Area Allowed (sq. ft.) _____	Overall Structure Height (ft.) _____
New Sign Cabinet Height (ft.) _____	New Sign Cabinet Length (ft.) _____	Area of New Sign (sq. ft.) _____

### 10. REQUIRED SUBMITTALS

- Wall signs - for new and change of face, a mock-up of sign location on the structure (to scale)
- Wall signs - for new and change of face, color photograph of façade. Include existing signage, if any. (4 x 6 inch minimum size)
- Ground signs – for new and change of face, a site plan showing location of sign (to scale)
- For change of face, color photograph of existing sign face proposed to be replaced (wall or ground) (4 x 6 inch minimum size)

## CITY USE ONLY

Approved

File No. \_\_\_\_\_

Denied

Reason for Denial: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_

Minor Historic Review Application – Type I

**COMMERCIAL AWNING FABRIC REPLACEMENT**

**9. PROJECT DESCRIPTION**

- Awning Replacement (New awnings require Standard Historic Review)
- Existing frame to be used (New frame requires Standard Historic Review)
- Solid or striped pattern (Any other design requires Standard Historic Review)
- Color matched to approved Landmarks & Historic Preservation Commission color palette (Standard Historic Review required for all other colors)

Colors Selected:

Color 1: \_\_\_\_\_

Color 2: \_\_\_\_\_

Color 3: \_\_\_\_\_

*(Per Paint and Roofing Approval Criteria Adopted December 2007)*

**10. REQUIRED SUBMITTALS**

- Street-facing photograph of structure (4 x 6 inch minimum size)
- Fabric swatch of proposed awning material
- Drawing or photograph of each elevation indicating where each color will be applied (8 ½ x 11 inch minimum)

**CITY USE ONLY**

<input type="checkbox"/> Approved	File No. _____
<input type="checkbox"/> Denied	
Reason for Denial: _____	
_____	
_____	
By: _____	Date: _____
Print: _____	Title: _____

Minor Historic Review Application – Type I

**WRITTEN CONSENT OF OWNER**

I/We, \_\_\_\_\_, the property owner(s) of  
Tax Lot(s) \_\_\_\_\_ on Jackson County  
Assessor Map \_\_\_\_\_, hereby consent to the filing of an  
application for \_\_\_\_\_ on said property, and will  
allow \_\_\_\_\_ to represent me  
before the City of Medford approving authority.

Signed: \_\_\_\_\_  
Print  
Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Print  
Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Print  
Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Print  
Name: \_\_\_\_\_

Date: \_\_\_\_\_