



APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Date Received 9/6/19	Received By AS	Receipt Number -	Zone	Application Number HPD 19-005
PROJECT NAME Emporium Demolition				
PROJECT ADDRESS 41-67 N Main Street		06-025-0011, -0009 06-028-0016, -0015		COUNTY PLAT TAX ID # -- --
AUTHORIZED AGENT (Must be accurate and complete) Tom Dickinson				MAIN PHONE # (435) 716-9168
MAILING ADDRESS 290 N 100 W, Logan, UT 84321		CITY	STATE	ZIP
EMAIL ADDRESS tom.dickinson@loganutah.org				
PROPERTY OWNER OF RECORD (Must be listed) Logan City Municipal Corp				MAIN PHONE #
MAILING ADDRESS 290 N 100 W, Logan, UT 84321		CITY	STATE	ZIP
EMAIL ADDRESS				
DESCRIBE THE PROPOSED PROJECT AS IT SHOULD BE PRESENTED (Include as much detail as possible - attach a separate sheet if needed) Demolition of 41, 45, 47, 55, 67 N Main Street buildings (See attached demolition plan).				Total Lot Size (acres) .6 (Buildings only) Size of Proposed New Building (square feet) Demolition Number of Proposed New Units/Lots Demolition
- NO SITE ACTIVITY MAY OCCUR UNTIL AFTER APPROPRIATE COMMITTEE APPROVAL -				
I certify that the information contained in this application and all supporting plans are correct and accurate. I also certify that I am authorized to sign all further legal documents and permits on behalf of the property owner.		Signature of Property Owner's Authorized Agent 		
I certify that I am the property owner on record of the subject property and that I consent to the submittal of this project. I understand that all further legal documents and permits will be sent to my authorized agent listed above.		Signature of Property Owner 		