

MAYOR  
CRAIG COVEY

# CITY OF FERNDALE

300 EAST NINE MILE ROAD  
FERNDALE, MICHIGAN 48220-1797

CITY COUNCIL  
MELANIE PIANA  
MIKE LENNON  
KATE BAKER  
SCOTT GALLOWAY



"GOOD  
NEIGHBORS"



## APPEARANCE REVIEW APPLICATION – Ord. No. 918 & No. 963

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

Address of DDA area property to be reviewed: \_\_\_\_\_

Business Name: \_\_\_\_\_

Applicant Name (Name of Business Owner or Contractor): \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Home Address / City / State / Zip: \_\_\_\_\_

Business Address / City / State / Zip (if different): \_\_\_\_\_

Landlord (if leasing property) Name, Address and Phone #: \_\_\_\_\_

\_\_\_\_\_

Additional Contact Info: \_\_\_\_\_

Describe intended façade, construction, etc. and purpose \_\_\_\_\_

- **Please take the time to read Ord. No. 918 & 963 in its entirety.**
- **Please attach 4 copies of relevant sketches, elevations, renderings, mechanical specs, material samples and photos of existing conditions with your application.**
- **If you are a lessee, please submit a signed letter of approval for the intended construction from the property owner.**

Call Cristina Sheppard-Decius, DDA Executive Director at **248-546-1632** with questions.

**Return completed application and attachments to:  
Cristina Sheppard-Decius,  
Ferndale DDA Executive Director,  
149 W. Nine Mile Rd., Ferndale, MI 48220.**

You will be contacted for an appointment or clarification within 30 days.

# PRELIMINARY REVIEW FINDINGS & RECOMMENDATIONS

## APPLICATION INCLUDES

## COMMENTS

- Signage \_\_\_\_\_  
\_\_\_\_\_
- Front Façade \_\_\_\_\_  
\_\_\_\_\_
- Back Façade \_\_\_\_\_  
\_\_\_\_\_
- Lighting \_\_\_\_\_  
\_\_\_\_\_
- Awning \_\_\_\_\_  
\_\_\_\_\_
- Landscaping \_\_\_\_\_  
\_\_\_\_\_
- Windows \_\_\_\_\_  
\_\_\_\_\_
- Entrances \_\_\_\_\_  
\_\_\_\_\_
- Other \_\_\_\_\_  
\_\_\_\_\_
- Property Owner  
Approval Letter \_\_\_\_\_

- Approved to issue permits as submitted
- Approved to issue permits with changes \_\_\_\_\_  
\_\_\_\_\_
- Not approved – reason: \_\_\_\_\_  
\_\_\_\_\_

Signatures of Board Members: \_\_\_\_\_  
Name Date  
\_\_\_\_\_  
Name Date

Building Inspector acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_