

**Michele Gelfman,  
President**

# CERTIFICATE OF APPROPRIATENESS

## ADMINISTRATIVE APPROVAL

The Historic Preservation Commission of South Bend and St. Joseph County has approved the following work:

- 1) Remove 15" (invasive) Norway Maple, replace with suitable / approved tree
- 2) Remove 16" Red Oak, replace with suitable / approved tree

Self, Contractor  
for the following location:

**820 MICHIGAN ST  
South Bend, IN, 46601  
Application No. 2019-0823A**

in the County of St. Joseph; State of Indiana; which is:

- Located in a Local Historic District**  
 **A Local Historic Landmark**

and found this application to be appropriate according to the Standards pertaining to Local Historic Landmarks and/or Local Historic Districts. Regulations pertaining to the Historic Preservation Commission are found in Chapter 21 (Zoning), South Bend Municipal Code and Chapter 26 of the St. Joseph County Code.

The issuance of this certificate does NOT in any manner, release the recipient from the responsibility of complying with the requirements of the zoning ordinances, building codes, safety codes, ADA or other requirements of the City of South Bend, the County of St. Joseph, the State of Indiana, or the United States Federal Government.

This certificate is good for one year from the date of issuance and is effective from the date entered herein. Plans are on file and open for public inspection at the office of the Historic Preservation Commission of South Bend and St. Joseph County, 227 West Jefferson Blvd., Suite 1400 S, South Bend, Indiana, during normal business hours.

## HISTORIC PRESERVATION COMMISSION OF SOUTH BEND AND ST. JOSEPH COUNTY

Phone: (574) 235-9371

E-mail: SBSJCHPC@southbendin.gov

### THIS CERTIFICATE IS NOT TRANSFERABLE

NAME OF APPLICANT: **City of South Bend**

DATE CERTIFICATE  
TAKES FORCE: **8/23/2019**

DATE CERTIFICATE  
EXPIRES: **8/23/2020**

CERTIFICATE ISSUED BY:  
**Adam Toering  
Historic Preservation Specialist**



**ELICIA FEASEL**

**Historic Preservation  
Administrator**

**POST IN A CONSPICUOUS PLACE ON THE STREET SIDE  
OF THE PROJECT UNTIL COMPLETION OF ALL WORK.**



**HISTORIC PRESERVATION COMMISSION  
OF SOUTH BEND AND ST. JOSEPH COUNTY**

County—City Building, South Bend, IN 46601  
http://www.southbendin.gov/government/department/community-investment  
Phone: 574/235.9371 Fax: 574/235.9021  
Email: [hpcsbsjc@southbendin.gov](mailto:hpcsbsjc@southbendin.gov)

Timothy S. Klusczynski, President

A Certified Local Government of the National Park Service

Elicia Feasel, Historic Preservation  
Administrator

**APPLICATION FOR A — CERTIFICATE OF APPROPRIATENESS**

**OFFICE USE ONLY>>>>>DO NOT COMPLETE ANY ENTRIES CONTAINED IN THIS BOX<<<<<OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Application Number: \_\_\_\_\_

Past Reviews:  YES (Date of Last Review) \_\_\_\_\_  NO

Staff Approval authorized by: \_\_\_\_\_ Title: \_\_\_\_\_

Historic Preservation Commission Review Date: \_\_\_\_\_

Local Landmark  Local Historic District (Name) \_\_\_\_\_

National Landmark  National Register District (Name) \_\_\_\_\_

Certificate Of Appropriateness:  Denied  Tabled  Sent To Committee  Approved and issued: \_\_\_\_\_

Address of Property for proposed work: \_\_\_\_\_  
(Street Number—Street Name—City—Zip)

Name of Property Owner(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Property Owner(s): \_\_\_\_\_  
(Street Number—Street Name—City—Zip)

Name of Contractor(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Contractor Company Name: \_\_\_\_\_

Address of Contractor Company: \_\_\_\_\_  
(Street Number—Street Name—City—Zip)

Current Use of Building: \_\_\_\_\_  
(Single Family—Multi-Family—Commercial—Government—Industrial—Vacant—etc.)

Type of Building Construction: \_\_\_\_\_  
(Wood Frame—Brick—Stone—Steel—Concrete—Other)

Proposed Work: (more than one box may be checked)  Landscape  New  Replacement (not in-kind)  Demolition

Description of Proposed Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner e-mail: \_\_\_\_\_ and/or Contractor e-mail: \_\_\_\_\_

X \_\_\_\_\_ and/or X \_\_\_\_\_  
Signature of Owner Signature of Contractor

By signing this application I agree to abide by all local regulations related to project and to obtain a Building Department Permit, if applicable.

—APPLICATION REQUIREMENTS ARE LISTED ON REVERSE SIDE—

**From:** [Brent Thompson](#)  
**To:** [Adam Toering](#)  
**Subject:** Leeper tree removal COA  
**Date:** Wednesday, August 21, 2019 3:01:14 AM  
**Attachments:** [image002.png](#)  
[image004.png](#)  
[COA Application 2019.pdf](#)

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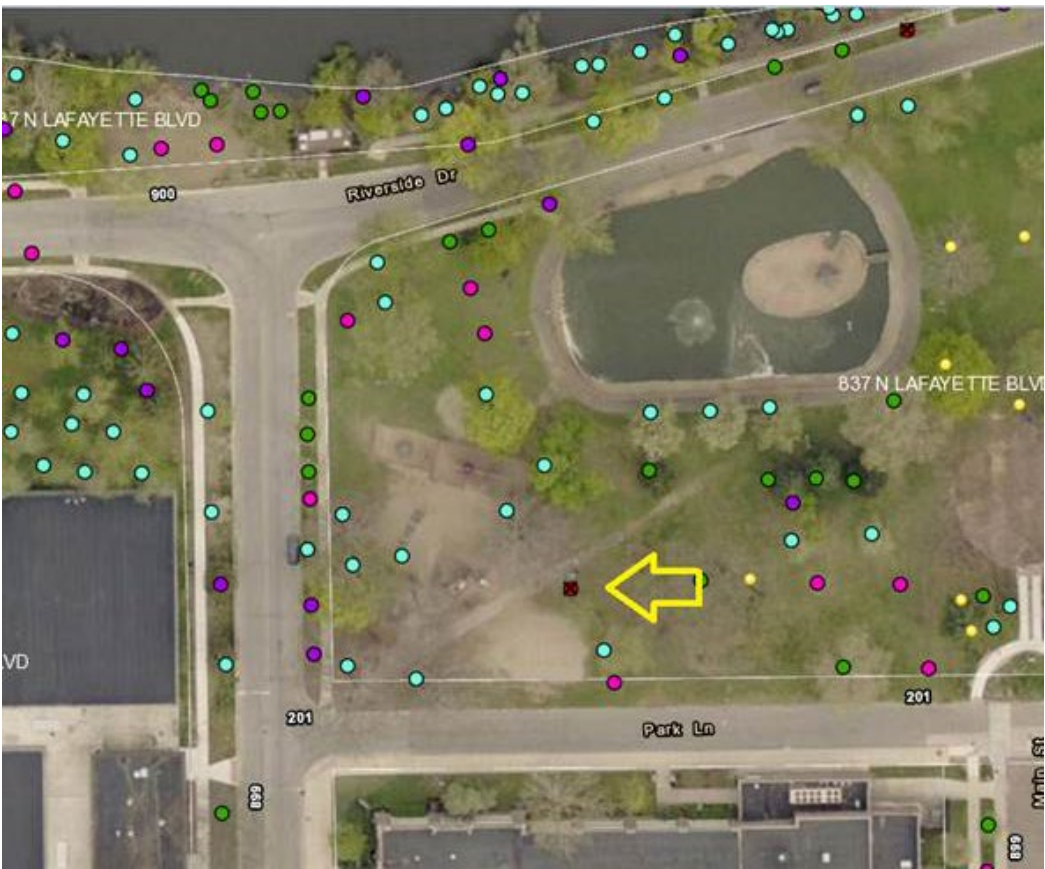
Adam

Leeper East dying 16" Oak tree removal and replacement.  
Attached COA





Leeper west dying 15" Norway maple (invasive) tree removal and replacement.





Brent Thompson

Urban Forester  
VPA Facilities & Grounds

P: [574-299-4766](tel:574-299-4766)

E: [bthomps@southbendin.gov](mailto:bthomps@southbendin.gov)

City of South Bend

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[southbendin.gov](http://southbendin.gov)

[@CityofSouthBend](https://www.instagram.com/CityofSouthBend)

