



HISTORIC PRESERVATION COMMISSION

Historic Site Designation Application

PROPERTY INFORMATION

Date: _____

Name of Property : _____

Address: _____

Owner of Property : _____

Address/City/State/ Zip: _____

SIGNIFICANCE:

Areas of Significance - The City's Historic Preservation Ordinance establishes criteria for historic designation based upon an area of significance. Please check one and explain in the space provided below.

Archeology;
Exploration/ Settlement

Art/ Sculpture

Identified with an
important national, state
or local event

Architecture

Landscape
Architecture

Identified with a historic
person

Does the property have any accessory structures? Yes No

Statement of Significance - Please explain why the property is nominated for historic designation (i.e., important architectural representation, details regarding a historic person or event). Continue on separate sheets if necessary:

Form Prepared by:

Name: _____

Organization (if applicable): _____

Address/City/State/Zip: _____

Are you the property owner: ___ Yes ___ No

COMMISSION ACTIONS

Date Application Received: _____

Historic Preservation Commission Meeting Date: _____

Notification to City Departments: _____

Notification to Property Owner(s) & Adjacent Property Owners _____

Public Hearing Date: _____

Designation Action : ___ Approved _____ Denied

Rationale for designation approval or denial (Section 11.16(D)):
