



HISTORIC PRESERVATION BOARD APPLICATION

PROJECT NAME: _____

PROPERTY ADDRESS / GENERAL LOCATION: _____

LEGAL DESCRIPTION: _____

PROJECT DESCRIPTION: _____

STATE PARCEL NO. _____

PLEASE CHECK APPLICATION TYPE:

- DESIGN REVIEW LANDMARK
- ALTERATION CERTIFICATE
- DEMOLITION
- PROPERTY LANDMARKING
- RELOCATION

- LOCAL DESIGN ASSISTANCE GRANT
- LOCAL RESTORATION GRANT
- DOWNTOWN GRANT
- TAX CREDIT REVIEW

OTHER: _____

PROPERTY OWNER INFORMATION:

Name _____

Company _____

Address _____

Phone _____

Email _____

Property Owner Signature (Required) _____

REPRESENTATIVE INFORMATION:

Name _____

Company _____

Address _____

Phone _____

Email _____

Representative Signature (Required) _____

Additional names and contact information to send project comments to (e.g., engineer, architect):

Name _____

Company _____

Email _____

Name _____

Company _____

Email _____

Staff Use Only

Date Received: _____

Application Fee: \$ _____ Received: _____

Project No. _____

Staff Contact: _____

Achieving the Community Vision through Excellence, Dedication and Service