

Local Landmark Designation Nomination Form

1. Name

Historic _____

and/or common _____

2. Location

street & number _____

city, town _____ congressional district _____

state _____ zip code _____ county _____

3. Classification

Category	Ownership	Status	Present Use	
<input type="checkbox"/> district	<input type="checkbox"/> public	<input type="checkbox"/> occupied	<input type="checkbox"/> agriculture	<input type="checkbox"/> museum
<input type="checkbox"/> building(s)	<input type="checkbox"/> private	<input type="checkbox"/> unoccupied	<input type="checkbox"/> commercial	<input type="checkbox"/> park
<input type="checkbox"/> structure	<input type="checkbox"/> both	<input type="checkbox"/> work in progress	<input type="checkbox"/> educational	<input type="checkbox"/> private residence
<input type="checkbox"/> site	Public Acquisition	Accessible	<input type="checkbox"/> entertainment	<input type="checkbox"/> religious
<input type="checkbox"/> object	<input type="checkbox"/> in process	<input type="checkbox"/> yes: restricted	<input type="checkbox"/> government	<input type="checkbox"/> scientific
	<input type="checkbox"/> being considered	<input type="checkbox"/> yes: unrestricted	<input type="checkbox"/> industrial	<input type="checkbox"/> transportation
		<input type="checkbox"/> no	<input type="checkbox"/> military	<input type="checkbox"/> other:

4. Owner of Property

Name _____

street & number _____

city, town _____ vicinity of _____ state _____ zip _____

5. Location of Legal Description (In County Courthouse)

courthouse, registry of deeds, etc. _____

street & number _____

city, town _____ state _____

6. Representation in Existing Surveys

Title _____

Date _____ federal state county local

depository for survey records _____

city, town _____ state _____

7. Description

Condition
 excellent deteriorated
 good ruins

Check One Check one
 unaltered original site
 altered moved (if so, date moved _____)

Describe the present and original (if known) physical appearance _____

8. Significance (Continue on separate sheets if necessary)

Period	Areas of Significance-Check and justify below			
<input type="checkbox"/> prehistoric	<input type="checkbox"/> archeology-prehistoric	<input type="checkbox"/> community planning	<input type="checkbox"/> landscape architecture	<input type="checkbox"/> religion
<input type="checkbox"/> 1400-1499	<input type="checkbox"/> archeology-historic	<input type="checkbox"/> conservation	<input type="checkbox"/> law	<input type="checkbox"/> science
<input type="checkbox"/> 1500-1599	<input type="checkbox"/> agriculture	<input type="checkbox"/> economics	<input type="checkbox"/> literature	<input type="checkbox"/> sculpture
<input type="checkbox"/> 1600-1699	<input type="checkbox"/> architecture	<input type="checkbox"/> education	<input type="checkbox"/> military	<input type="checkbox"/> social/ humanitarian
<input type="checkbox"/> 1700-1799	<input type="checkbox"/> art	<input type="checkbox"/> engineering	<input type="checkbox"/> music	<input type="checkbox"/> theater
<input type="checkbox"/> 1800-1899	<input type="checkbox"/> commerce	<input type="checkbox"/> exploration/settlement	<input type="checkbox"/> philosophy	<input type="checkbox"/> transportation
<input type="checkbox"/> 1900-	<input type="checkbox"/> communications	<input type="checkbox"/> industry	<input type="checkbox"/> politics/government	<input type="checkbox"/> other (specify)
		<input type="checkbox"/> invention		

Specific dates _____ Builder/Architect _____

Statement of Significance (Give specific sources for all statements of fact.)

9. Major Bibliographical References

10. Geographical Data

Acreeage of nominated property _____
 Quadrangle name _____ Quadrangle scale _____
 UMT References (Optional)

	Zone	Easting	Northing		Zone	Easting	Northing
A	_____	_____	_____	B	_____	_____	_____
C	_____	_____	_____	D	_____	_____	_____
E	_____	_____	_____	F	_____	_____	_____
G	_____	_____	_____	H	_____	_____	_____

Verbal boundary description and justification _____

11. Form Prepared By

name/title _____

organization _____ date _____

street & number _____ telephone _____

city or town _____ state _____

12. Municipal Data

Zoning District: _____ Aldermanic District: _____

Parcel Number: _____

Commission Actions

Hearing Approved: _____ Hearing Date Set: _____

Landmark Designated (Date): _____ Number: _____

Certified By: _____
Commission Chairman

Date: _____