

HISTORIC PLAQUE PROGRAM



About the Building

Name (if any) _____ Tax Lot Number _____

Address _____

Date Built _____ Definite or Approximate

Architect _____

Builder or developer _____

Architectural style _____

Original or Historic Use _____

Original Owner (if known) _____

Subsequent Uses _____ Subsequent Owner(s) _____

Historic significance Check appropriate boxes below, then include a written description explaining the significance. Continue on separate sheets if necessary or desired.

architectural person organization event site

About the Applicant

Name _____ Phone _____

Mailing Address _____

_____ Email _____

Applicant's signature _____

Owner (if not applicant) _____

Owner's signature _____

If the building is not owner occupied:

Building Occupant(s) Name _____ Phone _____

Attachments to Application

Additional pages/research Photo of Current Building Photo of Historical Building (if available)

CBHS Use Only

Date received: _____

Reviewed: _____

Approved Disapproved