

CITY OF REDLANDS APPLICATION FOR DESIGNATION OF HISTORIC RESOURCE

Development Services Department, Planning Division 35 Cajon Street, Suite 20 Redlands, CA 92373 Phone (909) 798-7555 option 2

FOR STAFF USE ONLY

		Date Received:
		Designation №:
ADDRESS OF NOMINATED	PROPERTY:	
ASSESSOR'S PARCEL NUM	ИBER(S):	
APPLICANT		
APPLICANT'S NAME:		
CITY:	STATE:	ZIP CODE:
PHONE:	E-MAIL:	
PROPERTY OWNER		
OWNER'S NAME(S):		
MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	E-MAIL:	
PROPERTY INFORMATIO	N	
LEGAL DESCRIPTION OF P	ROPERTY:	
OCCUPANTS OF NOMINAT	ED PROPERTY (note all suite or	apartment numbers, if applicable):
Occupant #1:	Occupant #2:	
Occupant #3:	Occupant #4:	

Otner	Information or Comments:	
SUBM	IITTAL REQUIREMENTS	
	Completed and Signed Historic Designation Application Form	
	Completed Historic Inventory Forms (check all the apply): □ DPR 523A – Primary Record □ DPR 523B – Building, Structure, Object □ DPR 523L – Continuation Sheet □ DPR 523 –	
	For additional DPR 523 forms, visit the Office of Historic Preservation webpage - http://ohp.parks.ca.	
	Supply photographs of all sides of the structure(s) and close-up photos of significant details (one printed full-color copy of each photo, plus an electronic copy such as JPEG, GIF, or BMP file	
	Pay applicable filing fee(s)	
PROP	ERTY OWNER'S AUTHORIZATION	
Ι,	Owner's Name am the owner of the property described	
in this	application and hereby authorize	
to act	on my behalf on matters pertaining to this application.	
Prope	rty Owner's Signature: Date:	
Prope	rty Owner's Signature: Date:	

Note: If more than one property owner, a separate page must be attached listing the names and addresses of all persons (if a corporation, list officers and principals) having interest in the property ownership.