HISTORIC PLAQUE PROGRAM

About the Building:

Name of House (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 back if necessary.

☐ architectural ☐ person ☐ organization ☐ event ☐ site

_____

_____

_____

About the Applicant:

Name: _____ Phone: _____

Mailing Address: _____

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)

CBHCM Use Only
Date Received: _____
Reviewed by: _____

☐ Approved

☐ Disapproved

Non-Member Price - $275
Member Price - $225