



## Nomination of Property for Local Historic Designation

Property Address: \_\_\_\_\_

Your Name: \_\_\_\_\_

Are you the property owner? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not the owner, please list the name and mailing address of the owner(s):

\_\_\_\_\_

If you are not the owner, please explain your relationship to the property: \_\_\_\_\_

\_\_\_\_\_

Your mailing address if different from above:

\_\_\_\_\_

Daytime telephone number: \_\_\_\_\_ Home telephone: \_\_\_\_\_

Property Type: Single-family residence \_\_\_\_\_ Commercial Building \_\_\_\_\_  
Other \_\_\_\_\_

Year Built (if known): \_\_\_\_\_

Architect/Builder (if known): \_\_\_\_\_

Do you have information on the history of the property that you would be willing to share with the City's Historic Preservation staff for research purposes?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you are the property owner, do you authorize City staff to inspect and photograph the exterior of the property? Yes \_\_\_\_\_ No \_\_\_\_\_

**I hereby nominate the property at \_\_\_\_\_ to be evaluated for local historic designation based on the City of Rockville's criteria of historical, cultural, architectural and/or design significance. I have been provided with information on the responsibilities and benefits of owning historically designated property.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return this completed form to: Historic Preservation Office, Department of Community Planning and Development Services, 111 Maryland Avenue, Rockville, Maryland 20850-2364, or Fax to: 240-314-8210. Questions? Call 240-314-8230.*

**Office use only: Date received \_\_\_\_\_ Assigned to \_\_\_\_\_**