



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 _____