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,

Office use only: Date received______________  Assigned to __________________________