



**Landmark Designation  
District Designation**  
Certificate of Appropriateness  
Finding of Hardship

**PLANNING DIVISION**  
**Community Development Department**

APPLICATION #: \_\_\_\_\_ SUBMITTAL DATE: \_\_\_\_\_ FEES: \_\_\_\_\_ ACCEPTED BY: \_\_\_\_\_

<b>APPLICANT:</b>			
<b>ADDRESS:</b>		<b>CITY:</b>	<b>STATE:</b>
<b>ZIP CODE:</b>	<b>PHONE:</b>	<b>FAX:</b>	<b>E-MAIL:</b>
Requested Action: <b>Landmark Designation</b> <input type="checkbox"/>		<b>Historic District Designation</b> <input type="checkbox"/>	
<b>Certificate of Appropriateness</b> <input type="checkbox"/>		<b>Finding of Hardship</b> <input type="checkbox"/>	
<b>LOCATION OF PROPERTY:</b> (describe or attach) (address, legal description & parcel size)			
<b>STATEMENT OF HISTORICAL SIGNIFICANCE FROM INVENTORY FORM:</b> (include here or attach)			
Address the following items:			
Associated with a person or persons that played a significant role in the history of Peoria?			
The architectural style or period or type of construction was unique to the history of Peoria or otherwise of significant character?			
Associated with events or social components that are significant in Peoria's history?			
Possess important information about the archeological history or history of the area within the City of Peoria boundaries?			
50 years old?			
<b>DESCRIBE IMPROVEMENTS PROPOSED/HARDSHIP STATEMENT:</b> (include here or attach)			
<b>OWNER</b> (if different from the applicant):			
<b>ADDRESS:</b>			
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	
<b>TELEPHONE:</b>	<b>E-MAIL:</b>		
<b>If the applicant is not the owner, attach owner's authorization.</b>			
<b>APPLICANT'S SIGNATURE:</b>			<b>DATE:</b>

## PROJECT CONTACT INFORMATION

The name, address and contact information for the primary contact person for this project is:

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Name

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Address

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City/Zip Code

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Telephone/E-mail

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Fax

Additionally, I understand that it is the responsibility of the primary contact to communicate any oral or written communications regarding this project to all other members of the development team, including the property owner.

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Applicant's Signature

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Date

**OWNERSHIP VERIFICATION**

I authorize \_\_\_\_\_, the APPLICANT for the (Specific Plan, Specific Plan Amendment) described as: (project case number or location)

\_\_\_\_\_  
\_\_\_\_\_

The property owner for this property is:

\_\_\_\_\_ AND \_\_\_\_\_

\_\_\_\_\_ AND \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Legal Description: (or see attached)

The property contains approximately \_\_\_\_\_ gross acres.

STATE OF ARIZONA     )  
                                          )  
COUNTY OF MARICOPA )

\_\_\_\_\_  
Owner's Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires:  
\_\_\_\_\_

## **HISTORICAL PRESERVATION COMMISSION SUBMITTAL REQUIREMENTS**

1. Plans and drawings shall be provided on 8 ½ X 11 inch paper.
2. Application form.
3. Appropriate fee.
4. Project contact form.
5. Owner verification form.
6. Vicinity map.
7. Existing conditions map indicating adjacent historic properties, zoning, general plan, streets and land use.

STATE OF ARIZONA

HISTORIC PROPERTY INVENTORY FORM

Please type or print clearly. Fill out each applicable space accurately and with as much information as is known about the property. Use continuation sheets where necessary. Send completed form to: State Historic Preservation Office, 1300 W. Washington, Phoenix, AZ 85007

PROPERTY IDENTIFICATION

For properties identified through survey: Site No: Survey Area:

Historic Name(s): (Enter the name(s), if any, that best reflects the property's historic importance.)

Address:

City or Town: vicinity County: Tax Parcel No. - -

Township: Range: Section: Quarter Section: Acreage:

Block: Lot(s): Plat (Addition): Year of plat (addition):

UTM reference: Zone Easting Northing USGS 7.5' quad map:

Architect: not determined known (source:)

Builder: not determined known (source:)

Construction Date: known estimated (source:)

STRUCTURAL CONDITION

- Good (well maintained, no serious problems apparent)
Fair (some problems apparent) Describe:
Poor (major problems; imminent threat) Describe:

Ruin/Uninhabitable

USES/FUNCTIONS

Describe how the property has been used over time, beginning with the original use.

Blank lines for describing property uses.

Sources:

PHOTO INFORMATION

Date of photo:
View Direction (looking towards)
Negative No.:

Attach recent photograph of property to this space. Additional photos may be appended.

**SIGNIFICANCE**

To be eligible for the National Register of Historic Places, a property must represent an important part of the history or architecture of an area. Note: a property need only be significant under one of the areas below to be eligible for the National Register.

- A. HISTORIC EVENTS/TRENDS (On a continuation sheet describe how the property is associated either with a significant historic event, or with a trend or pattern of events important to the history of the nation, the state, or a local community.)
- B. PERSON (On a continuation sheet describe how the property is associated with the life of a person significant in the past.)
- C. ARCHITECTURE (On a continuation sheet describe how the property embodies the distinctive characteristics of a type, period, or method of construction, or that represents the work of a master, or possesses high artistic values.)

Outbuildings: (Describe any other buildings or structures on the property and whether they may be considered historic.)

\_\_\_\_\_

**INTEGRITY**

To be eligible for the National Register, a property must have integrity, that is, it must be able to visually convey its importance. Provide detailed information below about the property's integrity. Use continuation sheets if necessary.

- 1. LOCATION     Original Site     Moved (date \_\_\_\_\_) Original Site: \_\_\_\_\_
- 2. DESIGN (Describe alterations from the original design, including dates—known or estimated—when alterations were made)  
\_\_\_\_\_  
\_\_\_\_\_
- 3. SETTING (Describe the natural and/or built environment around the property) \_\_\_\_\_  
\_\_\_\_\_

Describe how the setting has changed since the property's period of significance: \_\_\_\_\_  
\_\_\_\_\_

- 4. MATERIALS (Describe the materials used in the following elements of the property)  
Walls (structure): \_\_\_\_\_ Foundation: \_\_\_\_\_ Roof: \_\_\_\_\_  
Windows: \_\_\_\_\_  
If the windows have been altered, what were they originally? \_\_\_\_\_  
Wall Sheathing: \_\_\_\_\_  
If the sheathing has been altered, what was it originally? \_\_\_\_\_

- 5. WORKMANSHIP (Describe the distinctive elements, if any, of craftsmanship or method of construction)  
\_\_\_\_\_

**NATIONAL REGISTER STATUS (if listed, check the appropriate box)**

Individually listed;     Contributor     Noncontributor to \_\_\_\_\_ Historic District  
Date Listed: \_\_\_\_\_     Determined eligible by Keeper of National Register (date: \_\_\_\_\_)

**RECOMMENDATIONS OF ELIGIBILITY (opinion of SHPO staff or survey consultant)**

Property  is  is not eligible individually.  
Property  is  is not eligible as a contributor to a potential historic district.  
 More information needed to evaluate.  
If not considered eligible, state reason: \_\_\_\_\_

**FORM COMPLETED BY:**

Name and Affiliation: \_\_\_\_\_ Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**STATE OF ARIZONA**

**HISTORIC PROPERTY INVENTORY FORM  
CONTINUATION SHEET**

name of property \_\_\_\_\_

Continuation Sheet No. \_\_\_\_\_

