



Havre de Grace Historic Landmark and District Nomination Form

Please read the Historic Landmark and District Nomination Form Instructions carefully before completing this form. All fields must be completed for the form to be accepted. This nomination form is designed to provide the information necessary for staff and the Havre de Grace Historic Preservation Commission to evaluate the significance of the nominated property or district for possible designation as a Havre de Grace Historic Landmark or Historic District. **Staff assistance is available to answer any questions you may have regarding this form or the program.**

General Property/District Information

Name _____ Inventory No. _____
Other _____
Address _____
Tax ID Number _____

Property Owner(s)

Name(s) _____ Telephone _____
Street Address _____ Cell Phone _____
City/Town _____ State _____ Zip Code _____
Email Address _____

For additional owners, attach a separate sheet.

Applicant (if different from the property owner)

Name(s) _____ Telephone _____
Street Address _____ Cell Phone _____
City/Town _____ State _____ Zip Code _____
Email Address _____

Applicant's relationship to the nominated property _____

Property/District Type

For individual properties, identify the property type by its most important resource and list each resource on the property. For districts, select "District" and list the resources within the proposed boundaries. Attach a separate sheet, if needed.

- Building** (e.g. house, barn, spring house): _____
- Structure** (e.g. bridge, wall, kiln, windmill): _____
- Site** (e.g. battlefield, archaeological site): _____
- Object** (e.g. milestone, boundary marker, fountain): _____
- District** _____

Condition of the Primary Resource(s) – For Districts, Mark All That Apply

- Excellent
- Good
- Fair
- Deteriorated
- Ruins
- Altered

Historic Background of Property/District

Historic Use (mark all that apply)		Period of Significance	Status
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Health Care	<input type="checkbox"/> Prehistoric	<input type="checkbox"/> Occupied
<input type="checkbox"/> Commerce/Trade	<input type="checkbox"/> Industry	<input type="checkbox"/> 1600-1699	<input type="checkbox"/> Vacant
<input type="checkbox"/> Defense/Military	<input type="checkbox"/> Landscape	<input type="checkbox"/> 1700-1799	<input type="checkbox"/> For Sale
<input type="checkbox"/> Domestic	<input type="checkbox"/> Museum	<input type="checkbox"/> 1800-1899	<input type="checkbox"/> Process of Transfer
<input type="checkbox"/> Education	<input type="checkbox"/> Recreation/Culture	<input type="checkbox"/> 1900-1999	<input type="checkbox"/> Proposed for Demolition
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Religion	<input type="checkbox"/> 2000-Present	(for districts, mark all that apply)
<input type="checkbox"/> Funerary	<input type="checkbox"/> Transportation		
<input type="checkbox"/> Government			

Historic Significance

Why is the property or district being nominated? Please choose one or more of the following criteria for designation.

Criteria for Designation

- It is associated with events that have made significant contributions to our history.
- It is associated with the lives of persons significant in our history.
- It embodies character, interest, or value as part of the heritage or culture of Harford County, Maryland or the Nation.
- It embodies the distinctive characteristics of a particular architectural style, period, or method of construction.
- It represents the work of a noted architect or master builder.
- It possesses high artistic value.
- It represents a significant and distinguishable entity whose components may lack individual distinction.
- It has yielded and has the potential to provide important information about history or prehistory.

Please provide a detailed narrative that addresses how the property meets the above criteria. Please attach additional sheets, if necessary.

Property/District Name: _____

Inventory No. _____

Historic Significance (continuation page)

Property Owner(s) Consent Form

Obtaining approval of this request for designation as a Havre de Grace Historic Landmark does not absolve the applicant from obtaining all other applicable permits and approvals, such as building permits, certificates of appropriateness, tax credit applications, etc. Please contact the Havre de Grace Historic Preservation staff for assistance with consent for Districts.

I/We _____ are the lawful owner(s) of record for the property located at _____, which has been nominated for designation as a Havre de Grace Historic Landmark. I/We do hereby grant my/our consent for the submittal of this nomination form and designation of my/our property as a Havre de Grace Historic Landmark, if so designated by the Havre de Grace Historic Preservation Commission and the Havre de Grace City Council. I/We hereby certify that I/we am/are familiar with and understand the applicable state and local codes and ordinances, and the procedural requirements as prescribed in Article XIII. General Provisions for Historic Landmarks, of the Havre de Grace City Code.

Name _____ Signature _____ Date _____
(Property Owner)

Name _____ Signature _____ Date _____
(Property Owner)

Name _____ Signature _____ Date _____
(Applicant)

Historic Landmark and District Nomination Mandatory Checklist

Instructions: After completing the nomination form, fill out this checklist to ensure that your nomination contains the documentation required for evaluation. The checklist is based on the detailed information included in the Historic Landmark and District Nomination Form Instructions. Read and check each line carefully; **the nomination review period will not begin until a completed form with checklist is submitted. Please attach your documentation to this form.**

- A Location Map** showing the property boundaries proposed for designation,
- Photographs** of existing conditions. Include: photo elevations of the primary resource and any secondary resources; detail photographs of any character defining features; if available any historic photographs.
- Historic Landmark Nomination Form**
- Property Owner Consent Form**

I attest that I have completed the Historic Landmark and District Nomination Form and provided the documentation required for evaluation.

Applicant Name _____

Applicant Signature _____

Date _____

Property/District Name: _____

Inventory No. _____

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Significant exterior features to be protected:

Areas to be included:

Types of undertakings, other than those requiring a building or demolition permit to be reviewed:

Other Recommendations:

Date of Public Meeting: _____

The Havre de Grace Historic Preservation Commission, in conjunction with the Department of Planning has reviewed the *Havre de Grace Historic Landmark and District Nomination* for the above listed resource, and has determined that:

- The completed nomination meets the required criteria for designation, and therefore is **approved**, and is recommended to the Havre de Grace City Council for designation.
- The completed nomination does not meet the required criteria for designation, and therefore is **denied**.

Chair, Havre de Grace Historic Preservation Commission

Date

Director, City of Havre de Grace Planning Department

Date