

APPLICATION FOR LANDMARK DESIGNATION

Please type or print. Provide photos and additional sheets if necessary.

1. APPLICANT

Name(s): _____

Address: _____

E-mail: _____

Phone: _____

Interest in Property: Owner Lessee Other: _____

Has the Applicant contacted the Owner regarding this application? Yes No

2. OWNER (*if different from applicant*)

Name(s): _____

Address: _____

E-mail: _____

Phone: _____

3. PROPERTY GENERAL INFORMATION:

Street Address: _____

Subdivision & Lot #: _____

Present Use: _____ Zoning District: _____

Does any officer or employee of the State of New York, County of Monroe, or Town of Irondequoit have any interest in the owner/applicant or the subject property? Yes No

4. PROPERTY HISTORICAL INFORMATION

Historic Name: _____

Original and/or Subsequent Owners (if known):

Date of Construction: _____

Architect/Designer: _____

Contractor/Builder: _____

Notes on original design and construction:

Notes on known alteration and additions (*include dates, architects, and contractors, if known*):

General description of exterior (design, appearance, materials, finishes, and state of repair):

5. STATEMENT OF SIGNIFICANCE (*describe why property is important and worthy of designation*):

6. APPLICANT: I/we certify that the information contained in this application is complete and accurate.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please submit you completed application to:

**Attn: Historic Preservation Commission
1280 Titus Avenue
Irondequoit, NY 14617**

OFFICE USE ONLY

Application Received: _____ Commission Review: _____

Application was Approved Denied Designation Date:

If application was Denied, document reason from Historic Preservation Commission below:
