



HISTORIC DESIGNATION APPLICATION

In accordance with Chapter 24, Article XII of the City Code.

Application Number _____
Date Filed _____
HDC Recommendation _____
PC Hearing _____
PC Recommendation _____
M&CC Decision _____
Date of Decision _____

SUBJECT PROPERTY

NAME OF PROPERTY: HISTORIC _____
AND/OR COMMON _____

ADDRESS _____

LOT _____ BLOCK _____ SUBDIVISION _____

TAX ACCOUNT NUMBER _____

APPLICANT

NAME _____ TELEPHONE _____

ADDRESS _____

OWNER OF RECORD (IF NOT APPLICANT)

NAME _____ TELEPHONE _____

ADDRESS _____

FOR DESIGNATION OF THE ABOVE PROPERTY AS A

- Historic Site
- Historic Resource
- Historic District

SUBMISSION REQUIREMENTS

1. Maryland Historical Trust State Historic Site Inventory Form
2. Digital Photos on CD of all Four Elevations and Architectural Details