



Submitted _____
Action Taken _____
APPROVED _____
NOT APPROVED _____

HISTORIC LANDMARK NOMINATION FORM

Address: _____

Popular Name/Designation If Any: _____

CONTACTS:

Owner: _____ Phone: _____

Email: _____

Address: _____

Owner's Signature: _____

If the building is NOT owner occupied:

Building Occupant(s) Name: _____ Phone: _____

BASIC INFORMATION ON BUILDING:

Date Built: _____ (Definite _____ Approximate _____)

Architect: _____ Style: _____

Builder/Developer: _____

Original Use: _____

Original Owner If Known: _____

Additional information about architect, use, style, original or subsequent owners, other features i.e. major exterior remodeling:

DOCUMENTATION:

Nomination Prepared By: _____
Phone Number: _____ Email: _____

- _____ Chase's "Sidewalk Companion"
 - _____ County's "Survey of Historic Resources"
 - _____ City's "Historical Building Survey"
 - _____ Other published source (s), old or new: _____
 - _____ Specific research (photos, title search, old newspapers, etc.)
- _____
- _____
- _____
- _____
- _____
- _____
- _____

SUGGESTED WORDING FOR PLAQUE: Wording (see attached sample)

Signature _____ Date _____

**RETURN THIS FORM WITH A CURRENT PHOTO AND ANY ATTACHMENTS TO:
The Museum of Art & History, 705 Front Street, Santa Cruz, CA 95060
Attn: Marla Novo**

Questions? Call (831) 429-1964 ext. 7019

Supplementary material in the form of photocopies, newspaper clippings, etc. is encouraged.