## **CITY OF CHARLESTON**

## **County of Coles State of Illinois**

## **Application for Historic Preservation Landmark Designation**

Street Address of Property:	
Name and Address of Applicant:	
Name	
Primary Contact	
Address	
Telephone number	
Fax number	
Email address	
Name and Address of Property Owner:	
Name	
Primary Contact	
Address	
Telephone number	
Fax number	

4)	Legal Description of Property: (May be atta-	ched as Exhibit)
5)	A written statement describing the structure, reasons in support of the proposed designation architectural features that should be protected	on, including a list of significant exterior
6)	Written documentation establishing that the applicant is the current owner of record of the nominated property or that such owner of record has been notified or consents to the proposed landmark designation. In cases where the owner is the applicant, such documentation or evidence of record of ownership shall include a recent title policy in the name of the applicant or other evidence of record ownership acceptable to the Commission. (Should be attached as Exhibits)	
7)	A sketch of the property and photographs that sides, and rear of the structure. (Should be a	<u> </u>
8)	Any other information the applicant believes may be relevant to the consideration of the application by the commission and the city. (Should be attached as Exhibits)	
The applicant attests that he/she has reviewed the City of Charleston Historic Preservation Commission Regulations and that the information submitted in this application is correct to the best of the applicant's knowledge and understanding.		
		Signature of Applicant
		Printed Name of Applicant
		Date