

Lakewood Historic Register

Community Landmark Nomination Form

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1. Applicant illioinat	
Date	
Name	
Street Address	
City State Zip Code	
Home Phone	
Work Phone	
E-Mail Address	
II. Owner Informatio	n
Name	
Street Address	
City State Zip Code	
Home Phone	
Work Phone	
E-Mail Address	
III. Property Informa	ation
Historic Name	
Other Names	
Location	
Tax Parcel Number	
Legal Description	

Ownership of Property	Number of Resources Contributing	Non-Contributing	
Private	Building(s)	Building(s)	
Public-Local	District	District	
Public-State	Site	Site	
Public-Federal	Structure	Structure	
	Object	Object	
	Total	Total	
Historic Name		Name of related multiple	property listing
Number of contribut previously listed as I Landmarks	O .	Number of contributing re on National Register	esources previously listed
Historic Uses and Pr	operty Owners	Current Uses	
VI. Property Archi	tectural Description	1	
Materials			
Foundation:	Siding:	Roof:	Windows:
Other:	_ Other:	Other:	Other:
-		appearance of the property s necessary.	below and on the

VII. Community	Landmark	Criteria
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An improvement or site qualifying for designation solely by virtue of satisfying criteria set out in this section shall be designated a community landmark. An historic resource may be designated a community landmark for the following reasons:

Check all that apply

 1. Is an easily identifiable visual feature of a neighborhood or the city and contributes to the distinctive quality or identity of such neighborhood or the city; or
 2. Is associated with significant historic events or historic themes; or
 3. Is associated with important or prominent persons in the community or county; or
 4. Is recognized by local citizens for substantial contributions to the neighborhood or community.

VIII. Areas of Significance

Period of Significance:	Significant Dates:
Significant Person(s):	Cultural Affiliation:
Complete if criteria 7 is checked.	Complete if criteria 8 is checked.
Architect/Builder:	

Statement of Significance:

Describe the significance of the property, using the criteria checked, criteria definitions, and areas and the periods of significance noted above. Use as many continuation sheets as necessary.

X. Form Preparation	
Form was prepared by:	
Name (printed)	
Signature	
Date	