

Planning Department • Civic Center North • 470 S. Allison Parkway • Lakewood CO 80226 • 303-987-7515

Local Landmark Designation Nomination Form

1. TYPE OF DESIGNATION (Check all that apply)				
Structure				
District				
Site				
2. NAME AND LOCATION OF RESOURCE (If a District, skip to Question 3)				
Historic Name:				
Other Name/Current Name:				
Address (street, city, state, zip code):				
Historic Address:				
Year of Construction:				
Legal Description (Section, Township, and Range OR Lot, Block, and Subdivision Name):				
3. NAME AND LOCATION OF DISTRICT (If an individual resource, skip to Question 5)				
Historic Name:				
Other Name:				
Address (street, city, state and zip code):				
Boundary Description (Describe boundary lines of the district and attach map delineating proposed boundary):				

4. NUMBER OF RESOURCES IN THE DISTRICT (Please identify the contributing resources on the boundary map)				
Total Number of Resources:				
Contributing Resources:				
Noncontributing Resources:				
5. FUNCTION OR USE OF RESOURCE				
Historic Function or Use:				
Current Function or Use:				
6. DESIGNATION CRITERIA (Check all that apply)				
 A. It is associated with events that have made a significant contribution to the broad patterns of the City's history. B. It is associated with the lives of persons significant in the City's past. C. It embodies the distinctive characteristics of a type, period or method of construction, or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components may lack individual distinction. D. It has yielded, or may be likely to yield, information important in history or prehistory. E. It is culturally significant to the Lakewood community. 				
7. NARRATIVE (Explain the historical significance and background of the resource as it relates to the above designation criteria and information. Include ownership information, significant persons who may have lived at the property, significant builders or architects, architectural description, or other documentation that supports the nomination.)				
8. ARCHITECTURAL DESCRIPTION (Please describe in detail the construction type, condition of the structure, and any alterations or additions to the structure.)				
9. SIGNIFICANCE AND INTEGRITY (Please identify the period of significance, level of significance, and integrity as it relates to location, setting, design, materials, workmanship, association and feeling.)				
10. EXISTING DESIGNATION				
National Register				
State Register				

Name/Title: Organization: Address (street, city, state, zip code): Phone: Email: Date Prepared: Signature: 12. NOMINATION SUBMITTED BY Name/Title: Organization: Address (street, city, state, zip code): Phone: Email: Date: Organization: Address (street, city, state, zip code): Phone: Email: Date: Signature: 13. BIBLIOGRAPHY 14. MATERIAL TO ACCOMPANY NOMINATION — Historical photographs, if available — Current photographs of each elevation of each structure — Additional materials that support the nomination including biographies, oral histories, archaeological and architectural information, etc. Vicinity map — Owner Consent Form(s) If a District, the following additional materials are required: — Map delineating boundaries and identifying contributing properties — Written consent of 60% of property owners within the property district	11. NOMINATION PREPARED BY				
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Map delineating boundaries and identifying contributing properties	Owner Consent Form(s)				
	If a District, the following additional materials are required:				
Written consent of 60% of property owners within the property district	Map delineating boundaries and identifying contributing properties				
	Written consent of 60% of property owners within the property district				

FOR OFFICE USE ONLY					
Date Received:	Case No.:	Application Reviewed by:			
Filing Fee: \$25.	.00 for individual landmark	\$50.00 for district			
Application submitted to Historic Preservation Commission on					
Historic Preservation Commission Recommendation:					
Approval	Approval with Conditions	Denied Date:			
City Council Decision:					
Approved	Approved with Conditions	Denied Date:			
Ordinance No.:					
Date Recorded:					