



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

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: _____
