



Historic Overlay Zoning

Owner Name: _____

Project Address: _____

OWNER/AGENT AND AUTHORIZATION

Owner/Agent Name: _____

Address: _____

City/State/Zip: _____ Fax: _____

Phone: _____ Email: _____

I hereby certify that I am the owner of the property and further certify that the information provided on this application is true and correct. I hereby designate the aforementioned agent to act on my behalf for submittal, processing, representation, and/or presentation of this application. The designated agent shall be the principal contact person for responding to all requests for information and for resolving all issues of concern relative to this application.

Signature of Owner: _____ Date: _____

BREIF DESCRIPTION OF PROPERTY AND ITS HISTORIC SIGNIFICANCE:

IS SUBJECT PROPERTY ON THE ABILENE REGISTER OF HISTORIC PROPERTIES?

- Yes
- No
- Unsure



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ADDITIONAL INFORMATION

Please attach any information regarding the history of the property, including old photos. Also include a current description and photographs of the property. Staff may request additional information be submitted with the application or prior to the Landmarks Commission meeting.

CERTIFICATION

I have read and completed this application and certify that all information contained therein is complete, true, and correct. I request that this application be submitted to the Landmarks Commission for consideration.

Signature of Owner or Authorized Agent

Date

For Office Use Only

Commission Action:

- Approved
- Approved with Conditions
- Denied

Landmarks Commission, Chair Date

Letter Sent to Taylor Central Appraisal District:

Date: _____ Initials: _____

PAYMENT INFORMATION

Received: _____

Fee: \$ _____

Receipt No.: _____

Case No.: _____

Reviewed By: _____