



Submitted _____
 Action Taken _____
 APPROVED _____
 NOT APPROVED _____

HISTORIC LANDMARK NOMINATION FORM

Address: _____

Popular Name/Designation If Any: _____

CONTACTS:

Owner: _____ Phone: _____

Email: _____

Address: _____

Owner's Signature: _____

If the building is NOT owner occupied:

Building Occupant(s) Name: _____ Phone: _____

BASIC INFORMATION ON BUILDING:

Date Built: _____ (Definite _____ Approximate _____)

Architect: _____ Style: _____

Builder/Developer: _____

Original Use: _____

Original Owner If Known: _____

Additional information about architect, use, style, original or subsequent owners, other features i.e. major exterior remodeling:

DOCUMENTATION:

Nomination Prepared By: _____
Phone Number: _____ Email: _____

- _____ Chase's "Sidewalk Companion"
 - _____ County's "Survey of Historic Resources"
 - _____ City's "Historical Building Survey"
 - _____ Other published source (s), old or new: _____
 - _____ Specific research (photos, title search, old newspapers, etc.)
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SUGGESTED WORDING FOR PLAQUE: (see attached sample)

Signature _____ Date _____

**RETURN THIS FORM WITH A CURRENT PHOTO AND ANY ATTACHMENTS
VIA MAIL TO: The Museum of Art & History, 705 Front Street, Santa Cruz, CA 95060
Attn: Marla Novo**

VIA EMAIL TO: marla@santacruzmah.org

Questions? Call (831) 429-1964 ext. 7019

Supplementary material in the form of photocopies, newspaper clippings, etc. is encouraged. You will be notified of the committee's action. If your nomination form and proposed plaque wording are approved, we will send you a Letter of Authorization, which will enable us to order the plaque. The cost of the plaque is \$200.00.