



**SEDONA HISTORIC PRESERVATION
DESIGNATION of LANDMARK
APPLICATION**

City of Sedona • 102 Roadrunner Drive • Sedona, AZ 86336
928-282-1154 • 928-204-7124 (fax)

HL No. _____
Date Received _____
Fee Amt. _____
Initials _____

1. Applicant Information:

Name _____ Owner? Yes No
Mailing Address _____
Phone No. _____ Fax No. _____ E-Mail _____
Contact (*if other than above*) _____

2. Identification of Proposed Landmark:

Historic Name _____
Location _____
Name of Owner _____
Address _____
Phone No. (*if other than above*) _____

Assessor's Parcel Number _ _ _ - _ _ - _ _ _

Please check desired historic designation:

- Landmark:
 - Structure(s), identify _____
 - Property
 - Partial Property, describe _____
 - Other, explain _____

- District

3. Historic Information:

Historic Use(s) _____

Present Use(s) _____

Building Type _____ Construction Date(s) _____

Architect/builder _____

Integrity _____

Condition: Excellent Good Fair Poor Condemned

Explain if necessary _____

Desired Eligibility Status: Local State National

4. Description of Property (attach a separate sheet if necessary):

Site -

Size of Parcel _____

Site Character _____

Building -

Number of Stories _____ Total Floor Area _____

Foundation Material _____

Structural Material(s) _____

Exterior Wall Material(s) _____

Applied Ornamentation _____

Roof Type _____ Roof Material _____

Eaves Treatment _____

Windows _____

Entry _____

Porch(es) _____

Storefront _____

Notable Interior _____

Outbuildings _____

Alterations _____

5. Areas of Historic Significance:

Commerce Community Planning Economics Exploration/settlement

Governmental Military Religion Science Agriculture Tourism

Transportation Arts & Culture Other (*explain*) _____

6. Description of Historical Significance: (*attach separate sheets if necessary*)

Prominent Occupant(s) _____

Historic Association _____

Relationship to Community Development _____

Cultural Affiliation _____

Architecture _____

District/Streetscape Contribution _____

Context: Isolated/rural Residential street Commercial Central Square

CBD Other (*explain*) _____

7. Additional Comments: (*attach separate sheet if necessary*)

Four horizontal lines for signature or text entry, enclosed in a rectangular box.

Applicant Signature _____ date _____

Approved by *Owner/Agent* _____ date _____

Approved by *HPC Chairman* _____ date _____