City of Winter Park
Historic Preservation Commission
Planning and Community Development Department
401 Park Avenue, South
Winter Park, Florida 32789
(407) 599-3498

Historic Designation Application

1. _____
Building address

_____
Owner's name(s) Address Telephone

_____
Applicant's name (if different from above) Address Telephone

2. I, _____, as owner of the property described above, do hereby authorize the filing of this application for historic designation for that property.

_____
Owner's Signature Date

Historic Preservation Commission Office Use

Criteria for Designation

___ *A. Association with events that have made a significant contribution to the broad patterns of history including the local pattern of development; or*
___ *B. Association with the lives of a person or persons significant in our past; or that*
___ *C. Embodies the distinctive characteristics of a type, period, or method of construction or that represents the work of a master, or that possesses high artistic values or that represents a significant and distinguishable entity whose components may lack individual distinction; or*
___ *D. Has yielded or are likely to yield information important in prehistory or history.*

_____
Legal description *Year built*

_____
Historic name of building (if any) *Historic district name (if any)*

Date received: _____ *HPC Meeting:* _____

Case File No.: _____ *Florida Master Site File No.: OR-*_____

❑ *Local Historic Landmark* ❑ *Local Historic Resource*