CITY OF SOUTH SAN FRANCISCO

APPLICATION FOR HISTORIC RESOURCE DESIGNATION

Applicant: Name______________________________________ Phone (H) __________________________

(print)

Address ________________________________               (W) __________________________

Signature ______________________________     Date: ______________________________

Property Owner: Name ________________________________     Phone (H) __________________________

(if different)  (print)

Address ______________________________

Signature _____________________________    Date: ______________________________

Historic Resource (name, if appropriate): _________________________________________________________

Address: ___________________________________________________________________________________

Assessor's Parcel Number: _____________________________________________________________________

Type of Historical Value: ___Aesthetic ___Architectural

(check all that are applicable)

___Engineering ___Cultural

___Identification ___Historical Location

with Historic Person

In order for the Commission to designate your site a Historic Resource, it must make a finding that the site is consistent with the criteria listed on the attached sheet. On a separate sheet, please provide information to support such a finding. Include any historical information you may have.

Attach clear photographs of each elevation of the building.

Please submit your application to:

City of South San Francisco
Historic Preservation Commission
P.O. Box 711
400 Grand Avenue
South San Francisco, CA 94083

Revised 4/22/91