

ARCHITECTURAL REVIEW BOARD DEMOLITION EVALUATION

DATE: _____ HISTORIC DISTRICT: Y/N VIEW FROM STREET: Y/N

SECT/BLOCK/LOT: _____ ZONING DISTRICT: _____

PROPERTY ADDRESS: _____

OWNER/APPLICANT NAME: _____

OWNER/APPLICANT ADDRESS: _____

OWNER/APPLICANT TELEPHONE/EMAIL: _____

EXISTING USE OF PREMISES: _____

DATE BUILDING CONSTRUCTED: _____

ADDITIONS/ALTERATIONS IF KNOWN: _____

GENERAL DESCRIPTION: _____

ARCHITECTURAL/HISTORICAL INTEGRITY: _____

MEETS LANDMARK CRITERIA:

- 1. SPECIAL CHARACTER/HISTORIC/AESTHETIC INTEREST OR VALUE: Y/N
- 2. IDENTIFIED WITH HISTORIC PERSONAGE: Y/N
- 3. EMBODIES DISTINGUISHING CHARACTERISTICS OF ARCH. STYLE: Y/N
- 4. WORK OF DESIGNER WHO HAS SIGNIFICANTLY INFLUENCED AGE: Y/N
- 5. REPRESENTS ESTABLISHED & FAMILIAR NEIGHBORHOOD FEATURE: Y/N

RECOMMENDATIONS: _____

Signed: _____

Date: _____