



HP: Designation

OFFICE USE ONLY

Received By:

Date Received:

Project #:

PLEASE PROVIDE THE FOLLOWING INFORMATION

Project Name:

Name of Applicant (property owner):

Address of Property Owner:

Address of Applicant:

E-mail of Applicant:

Phone/Fax:

E-mail of Property Owner:

Phone/Fax:

Please note that additional information may be required by the project planner to ensure adequate information is provided for staff analysis. All information required for staff analysis will be copied and made public, including professional architectural or engineering drawings, for the purposes of public review by any interested party.

AVAILABLE CONSULTATION

Planners are available for consultation prior to submitting this application. Please email historicpreservation@slcgov.com if you have any questions regarding the requirements of this application.

A pre-submittal meeting for all Historic Designations should be scheduled prior to submitting this application. To request a pre-submittal meeting, please contact the planning counter by sending an email to zoning@slcgov.com.

FEE

No application fee is required.

WHERE TO FILE THE COMPLETE APPLICATION

Apply online through the [Citizen Access Portal](#). There is a [step-by-step guide](#) to learn how to submit online.

SIGNATURE

If applicable, a notarized statement of consent authorizing applicant to act as an agent will be required.

Signature of Owner or Agent:

Date:

SUBMITTAL REQUIREMENTS

1. Project Description - Intake Review

Provide a written description of the proposed local historic district, including the proposed boundaries. The description should include a discussion regarding how the proposed local historic district meets the following criteria:

1. Significance in local, regional, state or national history, architecture, engineering or culture, associated with at least one of the following:
 - a. Events that have made a significant contribution to the important patterns of history, or
 - b. Lives of persons significant in the history of the city, region, state or nation, or
 - c. The distinctive characteristics of a type, period or method of construction, or the work of a notable architect or master craftsman, or
 - d. Information important in the understanding of the prehistory or history of Salt Lake City; and
2. Physical integrity in terms of location, design, setting, materials, workmanship, feeling and association as defined by the National Park Service for the National Register of Historic Places;
3. The proposed local historic district is listed, or is eligible to be listed, on the National Register of Historic Places;
4. The proposed local historic district contains notable examples of elements of the City's history, development patterns or architecture.
5. The designation is generally consistent with the adopted planning policies of the City; and
6. The designation would be in the overall public interest.

2. Photographs – Intake Review

a. Historic photographs of existing building/s
(contact the Salt Lake County Archives at (385) 468-0820 for historic photographs)

b. Current photographs of each façade on building or the neighborhood requesting a boundary adjustment.

c. Historic photographs of the neighborhood if available

3. Research Material - Intake Review

a. Title search

b. Building permits card and invoice

c. Tax card information and photo

d. Biographical information or obituary for any previous owners

e. Information about the architect and/or builder

4. Landmark Sites - Intake Review

Complete the designation form

5. Boundary Adjustment - Intake Review

Signatures from each of the property owners who agree to the proposal

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

_____ I acknowledge that Salt Lake City requires the items above to be submitted before my application can be processed. I understand that Planning will not accept my application unless all of the following items are included in the submittal package.

PETITION FOR A BOUNDARY ADJUSTMENT INTO A LOCAL HISTORIC DISTRICT

Name of Applicant:

Address of Applicant:

Date:

As an owner of property supporting the Boundary Adjustment, I agree to the proposed Boundary Adjustment.

Print Name *Address* *Signature* *Date*

Print Name *Address* *Signature* *Date*

Print Name *Address* *Signature* *Date*

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