



**Architectural Review Board Application
Abbreviated Review for Historic Structure
Demolition**

Application Date: _____

Project Address: _____

Applicant: _____

Applicant's Address: _____

Email: _____ Phone: _____

Signature of Property Owner or Agent: _____

(If different from Applicant)

(Office Use)

Construction Year: _____

Current Use: _____

Ownership History: _____

Meets NRHP criteria: _____

Notes: _____

Historical significance determination based on National Register of Historic Places criteria (see Sec. 12-11-5(E)(3).
If applicable, provide photographs of all elevations and a completed FMSF Historical Structures Form.

This request was reviewed by the following member of Planning Staff.

ARB Secretary Signature _____ *Date*

This request was reviewed by the following members of the Architectural Review Board:

Comments: _____

Architect Signature / Date _____

Comments: _____

UWFHT Representative Signature / Date