



Date Received: _____
 Case File #: _____
 Eden File#: _____

The City Beautiful
CITY OF CORAL GABLES
APPLICATION FOR LOCAL HISTORIC DESIGNATION

Name of Applicant(s) _____
 Mailing Address of Applicant _____

 Telephone/Fax/E-mail _____ / _____ / _____

Property Address _____
Legal Description (Lot/Block/Section/PB) _____

Folio number: **03-** _____

IF KNOWN, PLEASE PROVIDE THE FOLLOWING:

Property Owner's Name _____
 Mailing Address of Owner _____
 Telephone _____ Email _____
 Date of Construction _____ Original Permit # _____ Source _____
 Original Architect _____ Source _____

Have there been any additions and/or alterations? NO YES (list date, architect, permit # and a brief description for each. Attach additional sheets if necessary)

History and/or previous owners (attach additional sheets if necessary)

Required attachments: Photographs (arranged on 8 1/2 x 11 sheets-photocopy ready)

I, the undersigned, believe that the subject property meets the minimum criteria for local historic designation based on the following:

Signed: (please print) _____

Signature of Applicant _____ Date _____