



CITY OF REDLANDS  
Community Development Department  
P.O. Box 3005  
35 Cajon Street, Suite 20  
Redlands, CA 92373  
(909) 798-7555 • Fax (909) 335-4779

For City Use Only:

Designation No. \_\_\_\_\_

Date Submitted \_\_\_\_\_

### APPLICATION FOR DESIGNATION OF HISTORIC RESOURCE

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Address of Nominated Property: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Owner of Nominated Property: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

Occupant(s) of Nominated Property (Note suite or apartment numbers, if any):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Attach completed Historic Inventory form.

Supply photography of all sides of the structures and closeups of significant details.  
Label direction of all views.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_

# BUILDING, STRUCTURE, AND OBJECT RECORD

Page \_\_\_\_\_ of \_\_\_\_\_

- B1. Resource Identifier: \_\_\_\_\_  
B2. Historic Name: \_\_\_\_\_  
B3. Common Name: \_\_\_\_\_  
B4. Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
B5. Zoning: \_\_\_\_\_ B6. Threats: \_\_\_\_\_  
B7. Architectural Style: \_\_\_\_\_  
B8. Alterations and Date(s): \_\_\_\_\_

- B9. Moved?  No  Yes  Unknown Date: \_\_\_\_\_ Original Location: \_\_\_\_\_  
B10. Related Features: \_\_\_\_\_

- B11. Architect: \_\_\_\_\_ Builder: \_\_\_\_\_  
B12. Historic Attributes (List attributes and codes): \_\_\_\_\_

- B13. Significance: Theme: \_\_\_\_\_ Area: \_\_\_\_\_  
Period of Significance: \_\_\_\_\_ Property Type \_\_\_\_\_ Applicable Criteria \_\_\_\_\_  
(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

B14. References:

B15. Evaluator: \_\_\_\_\_  
Date of Evaluation: \_\_\_\_\_

(This space reserved for official comments.)

(Sketch Map with north arrow required.)