

**HISTORIC LANDMARK
 DESIGNATION APPLICATION**

Applicant: _____ Mailing Address: _____ _____ Phone Number: _____ Fax: _____ e-mail: _____	Contact Person: _____ Mailing Address: _____ _____ Phone Number: _____ Fax: _____ e-mail: _____
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Owner Certification

Property Owner (Please Print)	Area Code/Phone Number
Address	Area Code/Fax Number
e-mail	

I hereby certify that the information furnished above, and in the attached exhibits, is the data and information required for the project's evaluation, and the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Signature: _____

A. PROPERTY INFORMATION:

1. Project Address/Location:

2. Historic or Common name if any:

3. Assessor's Parcel Number(s):

4. Existing Zoning:

5. Land Use Plan Designation:

6. Current property use:

7. Future use (if known):

8. Brief description of current development:

B. HISTORIC SIGNIFICANCE

Designated City Landmarks must comply with at least one of the criteria contained in Section 2.455.120 of the San Buenaventura Municipal Code. To assist with this determination, as accurately as possible, please complete the following:*

1. Describe a meaningful event associated with the requested landmark that contributed to the nation, state or community:

2. Describe persons associated with the requested landmark who made a meaningful contribution made to the nation, state or community:

3. Describe how the requested landmark reflects or exemplifies a particular period of the national, state or local history:

4. Describe how the requested landmark embodies the distinctive characteristics of a type, period or method of construction:

5. Describe how the requested landmark is the work of one or more master builder, designer, artist or architect whose talents influenced their historical period, or work that otherwise possesses high artistic value:

6. Describe how the requested landmark represents a significant and distinguishable entity whose components may lack individual distinction:

7. Describe how the requested landmark yields or is likely to yield, information important to national, state or local history:

C. EXISTING STRUCTURE

1. Identify architectural style:

<input type="checkbox"/> Gothic	<input type="checkbox"/> Italianate	<input type="checkbox"/> Provincial	<input type="checkbox"/> Mediterranean	<input type="checkbox"/> Eastlake Queen Ann
<input type="checkbox"/> Queen Ann Cottage	<input type="checkbox"/> Colonial Revival	<input type="checkbox"/> Mission Revival	<input type="checkbox"/> Craftsman	<input type="checkbox"/> Bungalow
<input type="checkbox"/> California Bungalow	<input type="checkbox"/> Modern	<input type="checkbox"/> Other		

2. Identify type of exterior building material:

<input type="checkbox"/> Ship Lap	<input type="checkbox"/> Clapboard	<input type="checkbox"/> Shingles	<input type="checkbox"/> Board & Bat	
<input type="checkbox"/> Stucco	<input type="checkbox"/> Brick	<input type="checkbox"/> Stone	<input type="checkbox"/> Veneer	<input type="checkbox"/> Other

3. Identify any secondary or trim materials:

4. Describe any type of trim or orientation:

5. Describe the type of windows including material and type:

6. Describe the type of exterior doors including openings and material:

7. Identify type of foundation: Concrete Block Brick Stone Wood Piers Other
8. Describe shape of roof including pitch, material, and type or combinations:

9. Describe any unique or related landscape features:

10. Describe any alterations or additions:

11. Describe any additional buildings on site:

12. Identify condition of requested landscape: Excellent Good Fair Deteriorated Vandalized Other

**Suggested research to complete the above would include the public library, local historical museum, City building permits, County Assessor, City Historic Survey files, local bookstore and City staff.*

INCOMPLETE APPLICATIONS OR POOR QUALITY GRAPHICS WILL NOT BE ACCEPTED.

HOURS: Monday, Tuesday, Wednesday and Friday, 7:30 a.m. to 5:00 p.m.
 Thursday 9:00 a.m. to 5:00 p.m. Closed alternate Fridays.
 Check City website at www.cityofventura.net

LOCATION: Ventura City Hall, 501 Poli Street, Room 117

PHONE: (805) 654-7725

MAILING ADDRESS: P.O. Box 99, Ventura, CA 93002-0099

This document is available in alternate formats by calling the City of Ventura Community Development Department at 805/654-7894 or by contacting the California Relay Service.