



**City of Winter Park
Planning & Transportation Department
401 Park Avenue, South
Winter Park, Florida 32789
407-599-3440**

City of Winter Park Historic Designation Application

1. _____

Building address

Owner's name(s)	Address	Telephone
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2. I, _____, as owner of the property described above, do hereby authorize the filing of this application for historic designation for that property.

Owner's Signature	Date
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Historic Preservation Board Office Use

Criteria for Designation

- ___ A. Association with events that have made a significant contribution to the broad patterns of history including the local pattern of development; or
- ___ B. Association with the lives of a person or persons significant in our past; or that
- ___ C. Embodies the distinctive characteristics of a type, period, or method of construction or that represents the work of a master, or that possesses high artistic values or that represents a significant and distinguishable entity whose components may lack individual distinction; or
- ___ D. Has yielded or are likely to yield information important in prehistory or history.

<i>Legal description</i>	<i>Year built</i>
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<i>Historic name of building (if any)</i>	<i>Historic district name (if any)</i>
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Date received: _____	HPC Meeting: _____
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Case File No.: _____	Florida Master Site File No.: <u>OR-</u> _____
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θ Local Historic Landmark

θ Local Historic Resource