



**City of Winter Park
 Planning & Zoning 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
-----------------	---------	-----------

E-mail Address

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

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>
--------------------------	-------------------

<i>Historic name of building (if any)</i>	<i>Historic district name (if any)</i>
---	--

Date received: _____

HPC Meeting: _____

Case File No.: _____

Florida Master Site File No.: OR- _____

⊖ Local Historic Landmark

⊖ Local Historic Resource