



City of Fort Morgan Application for Individual Landmark

Application Date: _____

Name of Building: _____

Building Address: _____

Owner Name: _____

Owner Phone: _____

Owner Name: _____

Owner Phone: _____

Owner Email: _____

Owner Address: _____

Designated By: _____ Title: _____

(If Applicable - Designations can only be made by a Historic Preservation Board Member as approved by the Board)

Date of Construction: _____

Type of Construction: _____

Architectural Style/Period: _____

Architect / Builder: _____

Condition of Exterior: _____

Additions / Alterations to Exterior: _____

Date of Alteration(s) / Addition(s): _____

Please attach a copy of the legal description of the property or list below.

Fee: \$25.00 (If Applicable)

Should the Historic Preservation Board initiate designation of a property or area, the fee is waived.

I certify that the information and exhibits submitted are true and correct to the best of my knowledge.

Owner Signature: _____ Date _____

Owner Signature: _____ Date _____

Designee Signature: _____ Date _____

