



CITY OF GRAPEVINE

HISTORIC LANDMARK SUBDISTRICT APPLICATION

SUMMARY OF HISTORIC LANDMARK SUBDISTRICT REQUIREMENTS

- A. Complete application with notarized signatures of owner and applicant.
- B. Address and legal description of property.
- C. Two copies of Design Guidelines recommended by the Historic Preservation Commission.

DIRECT QUESTIONS TO HISTORIC PRESERVATION STAFF AT (817)410-3586
FAX NUMBER (817)410-3125

Delivery Address

Heritage Programs and Preservation
636 South Main Street
Grapevine, Texas 76051

Correspondence Address

Heritage Programs and Preservation
P O Box 95104
Grapevine, Texas 76099

CITY OF GRAPEVINE

HISTORIC LANDMARK SUBDISTRICT APPLICATION

1. APPLICANT/AGENT NAME _____
COMPANY NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
WORK PHONE _____ FAX NUMBER _____
2. APPLICANT'S INTEREST IN SUBJECT PROPERTY _____

3. PROPERTY OWNER(S) NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
WORK PHONE _____ FAX NUMBER _____
4. ADDRESS OF PROPERTY FOR HISTORIC LANDMARK DESIGNATION _____

LEGAL DESCRIPTION: LOT _____, BLOCK _____, ADDITION _____
SIZE OF SUBJECT PROPERTY _____ ACRES _____ SQUARE FEET
METES & BOUNDS MUST BE DESCRIBED ON 8 1/2" X 11" SHEET
5. PRESENT ZONING CLASSIFICATION _____
6. PRESENT USE OF PROPERTY _____

7. SIGNATURE TO AUTHORIZE A ZONE CHANGE REQUEST AND PLACING A HISTORICAL LANDMARK SUBDISTRICT REQUEST SIGN ON THE SUBJECT PROPERTY.

Exhibit F

THE DEVELOPMENT SERVICES STAFF WILL DETERMINE THE AGENDA FOR EACH OF THE PUBLIC HEARING DATES. BASED ON THE SIZE OF THE AGENDA, YOUR APPLICATION MAY BE RESCHEDULED TO A LATER DATE.

APPLICANT (PRINT) _____

APPLICANT SIGNATURE _____

OWNER (PRINT) _____

OWNER SIGNATURE _____

Exhibit F

The State of _____

County of _____

Before me _____ on this day personally appeared _____ known to me (or proved to me on the oath of _____ or through _____ (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D. _____.

SEAL

Notary Signature

The State of _____

County of _____

Before me _____ on this day personally appeared _____ known to me (or proved to me on the oath of _____ or through _____ (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D. _____.

SEAL

Notary Signature