

SPRINGFIELD REGISTER OF HISTORIC PROPERTIES NOMINATION FORM

1. Name

Historic _____

Common _____

2. Address of Property:

Street & Number _____ Zip Code _____

3. Classification

Category: District Building Structure Object Site Group

Ownership: Public Private

Present Use _____

4. Owner of Property

Name _____

Address _____

City _____ State ____ Zip Code _____

5. Criteria Under Which the Property is Nominated

A. Its character, interest or value as part of the development, heritage or cultural characteristics of the City of Springfield, State of Ohio or the United States.

B. Its location as a site of a significant historical event.

C. Its identification with a person or persons who significantly contributed to the culture and development of the City of Springfield.

D. Its exemplification of the cultural, economic, social, archaeological or historic heritage of the City of Springfield.

E. Its portrayal of the environment of a group of people in an era of history characterized by a distinctive architectural style.

F. Its embodiment of distinguishing characteristics of an architectural type or specimen.

B. A minimum of two (2) 5X7 black and white photographs is required for an individual building. The photographs should show all elevations of the building. For a district or group nomination, please include a representative geographic and stylistic sampling. Each photo should have a label affixed to the back containing the following information: (1) name and address of property; (2) name of district or group; (3) name of photographer; (4) location of negatives; (5) date of photograph; (6) description of view. For a historic district, the label should also include a number which corresponds to a number on a map of the district.

C. Site plan showing the property in relation to nearest intersection, geographic features, etc. and including a north arrow. For a historic district include a map which outlines the boundaries of the district and identifies the properties with a number which corresponds to the photographs. (May be attached).

D. Boundary description of the property. (May be attached).

9. Form Prepared By:

Name/Title: _____

Organization: _____

Address: _____

City, State: _____

Phone/Fax: _____

Send completed form to: Springfield Historic Landmarks Commission, 76 East High Street, Springfield, OH 45502

For Commission Use Only

Date Received: _____

Initial Review: _____

Date listed: _____