



FREDERICK PLANNING

For Official Use Only	
Case Number:	
Date Application Form Submitted:	
Date Application Completed:	

Historic Preservation Overlay Designation Cover Sheet

PROJECT NAME:
Address:
City/State/Zip:
Historic Name:
OWNER:
Name:
Firm/Company:
Address:
City/State/Zip:
Phone:
Email:
APPLICANT (If other than above):
Name:
Firm/Company:
Address:
City/State/Zip:
Phone:
Email:
Has Owner Been Contacted by Applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESIGNATION DOCUMENTATION (One of the following must be submitted with cover sheet)
<input type="checkbox"/> National Register of Historic Preservation Form
_____ Number _____ Date Listed
_____ Preparer _____ Date Prepared
<input type="checkbox"/> Maryland Historical Trust Inventory Form
_____ Number _____ Date Listed
_____ Preparer _____ Date Prepared
<input type="checkbox"/> City of Frederick HPO Application Form
_____ Number _____ Date Listed
_____ Preparer _____ Date Prepared

OWNER OR AGENT SIGNATURE

I hereby certify that the owner or his/her agent will make every effort to attend the Historic District Commission workshop and hearing of which this application is scheduled. I understand that should owner of his/her agent fail to attend this meeting, the HPC will continue this case until the next regular public meeting.

Property Owner or Agent Signature

Date