



LANDMARK NOMINATION FORM 'A'

Please read instructions before filling out this form. Please type or print all entries and complete all sections.

1. NAME OF PROPERTY

historic name(s)

common or current name(s)

2. LOCATION and LEGAL DESCRIPTION

number street zip code Tax I.D. No.

lot number _____ block number _____ subdivision _____

Deed restrictions apply to this property(s) ___ Yes ___ No

3. PRESENT OWNER(S) OF PROPERTY

Type of ownership: _____ sole owner _____ partnership _____ corporation
_____ trust _____ community property _____ public
property

name(s) address city state zip code

4. CLASSIFICATION

Category: ___ structure ___ building(s) ___ site ___ object

Status: ___ occupied ___ unoccupied ___ work in progress

Present Designation: ___ National date ___/___/___
___ State (RTHL or SAL) date ___/___/___

Within historic district: ___ yes or ___ no or ___ unsure

Building/Space Use:

	original	present	proposed
basement			
ground floor			
upper floors			

5. TAX ASSESSMENTS

year	land	improvements	total

6. PHYSICAL DESCRIPTION

Condition: ___ excellent ___ good ___ fair ___ deteriorated ___ ruins

Check one: ___ unaltered ___ altered date(s): ___ / ___ / ___

Check one: ___ original site ___ moved date(s): ___ / ___ / ___

Primary exterior building materials:

roof _____

walls _____

Description of the present and historic physical appearance:

7. GEOGRAPHICAL DATA

Verbal boundary description:

Describe relationship to surroundings:

8. REPRESENTATION IN EXISTING HISTORIC SITES SURVEYS

Survey title: _____

Property recommended for designation: _____ yes or _____ no

if yes: _____ national _____ state _____ local

Date of Designation, if known _____

9. SIGNIFICANCE

General area(s): _____ historical _____ cultural _____ architectural _____ engineering
_____ archeological _____ geographical

Specific area(s): _____ art _____ commerce _____ communications _____ economics
_____ community planning / development _____ education _____ industry
_____ exploration / settlement _____ education _____ invention _____ law
_____ literature _____ military _____ music _____ medicine / health
_____ politics / government _____ religion _____ science _____ theater
_____ social / humanitarian _____ transportation _____ other (specify
below)

Date built: _____ / _____ / _____ architect / builder: _____

11. FORM PREPARED BY

name / title: _____

agency: _____

address _____

phone & fax no. _____

email address _____

12. APPLICANT

name / title: _____

agency: _____

address _____

phone & fax no. _____

email address _____

FOR LANDMARK COMMISSION USE ONLY:

previous nomination for local designation (date): _____

reason not designated: ___ criteria not met ___ unacceptable physical condition

recommendation of Landmark Commission: ___ eligible for local designation

___ ineligible on basis of information at this time

___ eligible on condition of _____

Council Action: designated as Wichita Falls Landmark _____

ordinance number _____

date _____



LANDMARK/HISTORIC DISTRICT NOMINATION FORM CONTINUATION SHEET

Form Title: _____

Section Number: _____ Page: _____