



City of Long Beach
 Long Beach Development Services
 Planning Bureau
 333 West Ocean Blvd., 5th floor
 Long Beach, CA 90802
 (562) 570-6194 Fax: (562) 570-6860

CERTIFICATE OF APPROPRIATENESS Landmark Nomination Form

Please print legibly or type

	DATE:	PROJECT NO:	APPLICATION NO: HP -
APPLICANT'S NAME:	PROPERTY OWNER'S NAME:		
APPLICANT'S ADDRESS:	PROPERTY OWNER'S ADDRESS:		
CITY, STATE, ZIP:	CITY, STATE, ZIP:		
TELEPHONE (INCLUDING AREA CODE):	TELEPHONE (INCLUDING AREA CODE):		
EMAIL ADDRESS:	EMAIL ADDRESS:		
PRIMARY CONTACT PERSON:	<input type="checkbox"/> Applicant		<input type="checkbox"/> Property Owner

I, the undersigned, declare under penalty of perjury under the laws of the State of California that the information on this Certificate of Appropriateness application is true and correct. In addition, I understand that by nominating the subject property for landmark designation I cannot proceed with any environmental changes unless and until a Certificate of Appropriateness is issued by the Cultural Heritage Commission or the Historic Preservation Office. I further understand that neither this application nor a subsequently issued Certificate of Appropriateness supersedes the need to obtain the necessary building permits and other applicable permits under the City of Long Beach Municipal Code.

Signature: _____

Date: _____

1. PROPOSED LANDMARK

NAME OF PROPOSED LANDMARK:	ASSESSOR'S PARCEL NUMBER:	COUNCIL DISTRICT:
PROPERTY ADDRESS:	COMPLETE LEGAL DESCRIPTION: TRACT BLOCK LOT(S)	
PRESENT USE:	ORIGINAL USE:	

2. SUBMITTAL REQUIREMENTS

<input type="checkbox"/> COMPLETED APPLICATION (PAPER WITH ORIGINAL SIGNATURE)	<input type="checkbox"/> PHOTOGRAPHIC RECORD OF PROPERTY (ELECTRONIC)
<input type="checkbox"/> [OPTIONAL] COMPLETED DPR FORM 523A, 523B (ELECTRONIC)	<input type="checkbox"/> SITE PLAN OF SUBJECT PROPERTY (ELECTRONIC) (FLOOR PLANS, IF INTERIOR DESIGNATION)
<input type="checkbox"/> COPIES OF HISTORIC PHOTOS, PLANS, OR OTHER INFORMATION (ELECTRONIC)	

FOR DEPARTMENT USE ONLY BELOW THIS LINE

Reviewed By: _____	Date: _____	<input type="checkbox"/> Submittal Complete		COA Fee:	\$
		<input type="checkbox"/> Submittal Incomplete		9.3% Surcharge:	\$
		<input type="checkbox"/> CHC Date:		TOTAL:	\$

This information is available in alternative format by request to 562.570.3807.
 For an electronic version of this form, visit our website at www.lbds.info .

3. DESCRIPTION

ARCHITECTURAL STYLE:	CONSTRUCTION DATE: <input type="checkbox"/> FACTUAL <input type="checkbox"/> ESTIMATED
ARCHITECT, DESIGNER, OR ENGINEER:	CONTRACTOR OR OTHER BUILDER:
CONDITION: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> DETERIORATED	
ALTERATIONS:	
THREATS TO SITE: <input type="checkbox"/> NONE KNOWN <input type="checkbox"/> PRIVATE DEVELOPMENT <input type="checkbox"/> VANDALISM <input type="checkbox"/> PUBLIC WORKS PROJECT <input type="checkbox"/> ZONING <input type="checkbox"/> OTHER:	
IS THE STRUCTURE: <input type="checkbox"/> ON ITS ORIGINAL SITE <input type="checkbox"/> MOVED <input type="checkbox"/> UNKNOWN	

4. SIGNIFICANCE

BRIEFLY STATE HISTORICAL AND/OR ARCHITECTURAL IMPORTANCE OF THE PROPOSED LANDMARK: INCLUDE DATES, EVENTS, AND PERSON(S) ASSOCIATED WITH THE SITE. (USE AN ADDITIONAL SHEET IF NECESSARY)
SOURCES (LIST BOOKS, DOCUMENTS, SURVEYS, PERSONAL INTERVIEW WITH DATES)

5. CHARACTER DEFINING FEATURES

NAME OF PROPOSED LANDMARK:	PROPERTY ADDRESS:
NUMBER OF STORIES:	PLAN TYPE (BASIC SHAPE OF THE BUILDING):
ARCHITECTURAL STYLE:	STRUCTURE USE (RESIDENCE, ETC.):
EXTERIOR FINISH MATERIAL	
BODY (WOOD SIDING, WOOD SHINGLES, BRICK, STUCCO, ETC.):	TRIM (WOOD, METAL, ETC.):
ROOF	
SHAPE (GABLE, HIPPED, MANSARD, ETC):	MATERIAL (CLAY TILE, ASPHALT, WOOD SHINGLES, ETC):
WINDOWS	
WINDOW MATERIAL & TYPE (WOOD, SINGLE HUNG, DOUBLE HUNG, CASEMENT, HORIZONTAL SLIDING, ETC):	
ENTRY	
DOOR LOCATION (RECESSED, CENTERED, OFF-CENTER, CORNER, ETC):	DOOR STYLE (TWO PANEL, THREE PANEL, DOOR WITH GLASS, ETC):
ADDITIONAL CHARACTER DEFINING ELEMENTS OF THE STRUCTURE	
IDENTIFY ORIGINAL FEATURES SUCH AS PORCHES; BALCONIES; NUMBER AND SHAPE OF DORMERS; NUMBER AND LOCATION OF CHIMNEYS; SHUTTERS; SECONDARY FINISH MATERIALS; PARAPETS; METAL TRIM; DECORATIVE TILE OR CAST STONE; ARCHES; ORNAMENTAL WOODWORK; SYMMETRY OR ASYMMETRY; CORNICES; FRIEZES; TOWERS OR TURRETS; BAY WINDOWS; HALFTIMBERING; HORIZONTALLY; VERTICALLY; FORMALITY OR INFORMALITY; GARDEN WALLS, ETC:	

SECONDARY BUILDINGS (GARAGE, GARDEN SHELTER, ETC.):

SIGNIFICANT INTERIOR SPACES (IF APPLICABLE)

IDENTIFY ORIGINAL FEATURES SUCH AS WOOD PANELING; MOLDINGS AND TRIM; SPECIAL GLASS WINDOWS; ORNATE CEILINGS; PLASTER MOLDINGS; LIGHT FIXTURES; PAINTED DECORATION; CERAMIC TILE; STAIR BALUSTRADES; BUILT-IN FURNITURE, ETC:

LANDSCAPING (IF APPLICABLE)

IDENTIFY NOTABLE MATURE TREES AND SHRUBS:

ANY ADDITIONAL FEATURES: