



HISTORIC OVERLAY DISTRICT DESIGNATION FORM

HISTORIC DISTRICT

Historic or Common Name (if any): _____

Address Ranges: _____
(Number and Street)

Verbal Description of Boundaries: _____

County: _____ Acreage of Proposed District: _____

Number of Contributing Properties: _____

Number of Non-Contributing Properties: _____

Current Zoning of Proposed District: _____

PLANNING AND ZONING DEPARTMENT
P.O. BOX 1952
LONGVIEW, TEXAS 75606
903-237-1072
903-237-1337 (FAX)
PLANNING@LONGVIEWTEXAS.GOV

FOR OFFICE USE ONLY	
APPLICATION FEE:	\$420.00
CASE NO:	_____
PERMIT NO:	_____

PROPERTY OWNER / AGENT

Please complete the rest of this form for each property in the proposed district. (This form may be reproduced.)

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Owner's E-mail Address: _____ Owner's Phone Number: _____

Agent (if any): _____

Agent Address: _____

City: _____ State: _____ Zip: _____

Agent's E-mail Address: _____ Agent's Phone Number: _____

PROPERTY INFORMATION

Street Address: _____

City: _____ County: _____

Legal Description of Property: _____
(Lot, Block, and Subdivision or Abstract, Survey, Tract and Section)

Current Use of Property: _____

Current Zoning of Property: _____

OTHER DESIGNATIONS

Recorded Texas Historic Landmark

National Historic Landmark

National Register of Historic Places

CLASSIFICATION

Category

- Object
- Building
- Structure
- Site

Ownership

- Public
- Private
- Both

Status

- Occupied
- Unoccupied
- Work in Progress

Historic

- Contributing Property
- Non-Contributing Property

HISTORIC OWNERSHIP/TENANTS

Original Owner (Include the years lived in the structure): _____

Significant Other Owners (Include the years lived in the structure): _____

Significant Tenants (Include the years lived in the structure): _____

ARCHITECTURAL STYLE

Architectural Style: _____

Foundation: _____

Roof: _____

Windows: _____

Exterior Walls: _____

Porch: _____

Other: _____

Name of Architect/Designer: _____

Name of Builder/Contractor: _____

CONSTRUCTION DATES

Original Date of Construction: _____

Date of Alterations/Additions: _____

(Attach additional sheets if necessary)

PHYSICAL DESCRIPTION

Condition (Check one):

- Excellent
- Good
- Fair
- Deteriorated
- Ruins

Check one:

- Altered
- Unaltered

Check one:

- Original Site
- Moved (Date _____)

ADDITIONAL DOCUMENTATION INCLUDED

These items must be included with the application:

- Historical and Current Photographs
- Survey or site plan
- Maps

(Current photos must be taken of the proposed landmark in all directions. These photos must be submitted digitally.)

I certify that the above information is correct and complete to the best of my knowledge and ability that I am now or will be fully prepared to present the above proposal at the City of Longview Historic Preservation Commission, Planning and Zoning Commission and City Council hearings. I further certify that I have read and understand the following information concerning the procedure for consideration of my zoning request.

I understand that if I am not present or represented at the public hearings, the Historic Preservation Commission and/or Planning and Zoning Commission may dismiss the request, which constitutes a recommendation of denial. I further understand that if I am not present or represented at the City Council hearing, the City Council may deny the request.

Owner/Agent _____ Date: _____