



# 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): \_\_\_\_\_

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

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Significant Tenants (Include the years lived in the structure): \_\_\_\_\_

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**ARCHITECTURAL STYLE**

Architectural Style: \_\_\_\_\_

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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: \_\_\_\_\_