



Orange City Development Services Department

205 East Graves Avenue, Orange City, Florida 32763

Phone: 386-775-5415 Fax: 386-775-5420

www.OurOrangeCity.com

LOCAL REGISTER OF HISTORIC PLACES APPLICATION

1. Property Name and Address

Historic Name: _____ Other Name: _____

Street Address: _____

2. Property Information

Parcel number: _____ Year of Construction: _____

Subdivision: _____ Block# _____ Lot # _____

3. Ownership

Name of property owner: _____

Owner's address: _____

Phone/Email: _____

4. Classification

Florida Master Site File Number: 8VO _____

List number of contributing resources associated with the property:

Buildings: _____ Structures: _____ Objects: _____

Is this to be a contributing structure in a historic district?

What was the original use of the property?

Archeological _____

Residential _____

Public Building _____

Commercial _____

Other (describe) _____

What is the present use of the property?

Archeological _____

Residential _____

Public Building _____

Commercial _____

Other (describe) _____

5. Physical Description *(use a separate sheet if necessary)*

Describe the architectural style of the historic building(s) associated with the property.



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Describe the present and historical appearance of the property including any specific character defining features. _____

6. Photographs

Provide photographs of all buildings, structures, and objects on the property. Historical images, when available, are encouraged to accompany current images.

7. Location

Is the building located on its original site? _____ If not, where was it moved from?
_____ When was it moved? _____

8. Statement of Significance

Indicate the appropriate area(s) of significance for the property using criteria outlined in the City of Orange City Historic Preservation Ordinance. *(Check all that apply)*

Historical _____ Architectural _____ Associated with the life of a significant individual _____

List the period(s) of significance for the property and any specific dates: _____

If known, list the name(s) of any significant person(s) associated with the property. For historic buildings, include the architect and builder, if known. _____

Any other information concerning the historic nature of the property: _____

9. Application Prepared by

Name/Title: _____

Organization: _____

Address: _____

Phone #: _____ Email: _____



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10. Request Historic Property Marker

- Yes, I do want to purchase a historic property marker for my eligible site. I understand that I am responsible to submit pre-payment for the marker to the Development Services Department, that I will receive my marker in approximately 6-8 weeks, and that I am responsible for the installation of the plaque in a location that is visible from the public right-of-way.
- No, I do not want to purchase a historic property marker for my eligible site at this time.
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OWNER'S CERTIFICATE

This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application.

Owner's Name: _____

Address: _____

Phone: _____ Email Address: _____

(Signature of Owner or Authorized Agent)

SWORN AND SUBSCRIBED before me this _____ day of _____, _____

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, Stamp, or Type as Commissioned)

Personally known to me, or

Produced identification: _____

(Type of Identification Produced)