

APPLICATION FOR HISTORIC DESIGNATION

CITY OF BELVEDERE • HISTORIC PRESERVATION COMMITTEE 450 SAN RAFAEL AVE • BELVEDERE, CA 94920-2336 Ph. 415-435-3838 • FAX 415-435-0430 • WWW.CITYOFBELVEDERE.ORG

FOR STAFF USE ONLY					
Date:	Rec'd. by:				
Amount:					
Parcel No.:					
		20110.			
TO BE COMPLETED BY PROPERTY OWNER					
Addraga of Droporty:					
Address of Property:					
Mailing					
Address:					
Owner's Representative:					
Mailing		Daytime Phone:			
Address:		Fax:			
		Email:			
Description and History of Property/Structure:					

Prop	perty/Structure	Address:	

STATEMENT OF PROPERTY OWNERSHIP, CERTIFICATION OF APPLICATION, & DESIGNATION OF REPRESENTATIVE

All property owners must complete this Section.
Street address of subject property:
Assessor's Parcel No(s). of subject property:
> Properties Owned by Individuals
I,, state under penalty of perjury under the laws of the State of California that I am the record owner of the above-described subject property.
I have read and understood the provisions of Title 21, "Historic Preservation," of the Belvedere Municipal Code and agree to the terms described therein.
Signed this day of, 20, at Belvedere, California.
Signature
Properties Owned by a Trust, LLC, Corporation, Partnership, or Other Entity For properties owned by a trust, please attach the trust document or a certificate of trust, including any attachments thereto. For an LLC, corporation, partnership, or other entity, please attach proof or ownership and certification of the signer's authorization to enter into contracts on behalf of the entity.
I,
I have read and understood the provisions of Title 21, "Historic Preservation," of the Belvedere Municipal Code and agree to the terms described therein.
Signed this day of, 20, at Belvedere, California.
SignatureSignature
Title(s) Title(s)
□ Trustee(s) □ Partners: □ Limited or □ General □ Corporation □ Other
Name of trust, LLC, corporation, or other entity:

➤ <u>Designation of Owner's Representative</u> (Optional)					
I,, hereby authorize to file on my behalf any applications, plans, papers, data, or do designation requested, and I further authorize said person to a Preservation Committee, Planning Commission and City Countistoric designation is finally approved by the City or until this rescinded in writing.	cuments necessary to obtain the historic appear on my behalf before the Historic ncil. This designation is valid until the				
Signature of Owner:	Date:				
Signature of Representative:	Date:				

Property/Structure Address:_____