

NATIONAL REGISTER OF HISTORIC PLACES PRELIMINARY SITE INFORMATION QUESTIONNAIRE

FLORIDA DEPARTMENT OF STATE - LAUREL M. LEE - SECRETARY OF STATE

This questionnaire is intended only to provide preliminary information about the property to the Bureau of Historic Preservation.

Name and Location of Property**Name and Address of Owner**

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

Zip Code: _____ County: _____

State: _____ Zip Code: _____

I support this effort to list or seek a determination of eligibility for listing my property on the National Register of Historic Places:

Yes No Owner Signature and Date: _____ Phone: _____

Property Information

Significant Dates (construction, events, etc.):

Has it been moved? Yes No Year moved: _____

Property Type

- Archeological or Historic Site
 Residential Building
 Commercial Building
 Industrial Building
 Public Building
 Other (describe)

Original use: _____

Current use: _____

Property Description:

Describe the design, construction, and general condition of the building. Indicate any architecturally significant features, unique materials, and alterations to the building. (If space below is insufficient, attach additional sheets of paper)

Why is the property significant?

Provide a basic history of the property. Indicate significant events, people, or architectural styles associated with the property. (If space below is insufficient, attach additional sheets of paper)

Required Enclosures:

- Current photos (exterior and interior)
 Historic photos (if available, photocopies acceptable)
 Location map (and site plan for large properties)
 Sketch floor plan
 Proof of ownership (property appraiser record or notarized letter)

Date: _____

Submitter's Name and Address

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Email: _____

Phone: _____

Signature: _____