



Chesterfield County Preservation Committee

9800 Government Center Pkwy
P.O. Box 40
Chesterfield, VA 23832-0040

Telephone: (804) 796-7192
Fax: (804) 717-6295
Email: haaschs@chesterfield.gov

HISTORIC DISTRICT & LANDMARK NOMINATION FORM

1 NAME OF PROPERTY

Historic Name: _____

Common Name: _____

Number of Acres to be Designated: _____ Structure Only

2 LOCATION

Street Address: _____

Legal Description and/or Deed Book Information: _____

In the Vicinity of: _____

3 CLASSIFICATION

<u>Category</u>	<u>Ownership</u>	<u>Status</u>	<u>Public Access</u>
<input type="checkbox"/> District	<input type="checkbox"/> Public	<input type="checkbox"/> Occupied	<input type="checkbox"/> Yes: Restricted
<input type="checkbox"/> Building(s)	<input type="checkbox"/> Private	<input type="checkbox"/> Unoccupied	<input type="checkbox"/> Yes: Unrestricted
<input type="checkbox"/> Site			<input type="checkbox"/> No

Current Use

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Industry	<input type="checkbox"/> Park	<input type="checkbox"/> Museum
<input type="checkbox"/> Educational	<input type="checkbox"/> Scientific	<input type="checkbox"/> Government	<input type="checkbox"/> Religious
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Commercial	<input type="checkbox"/> Military	<input type="checkbox"/> Residence
<input type="checkbox"/> Other:	_____		

4 OWNER OF PROPERTY

Name: _____

Address: _____

City/State/Zip: _____ **Phone:** _____

5 REPRESENTATION IN EXISTING SURVEYS

Is the property listed on the National Register of Historic Places? Yes No

Is the property listed on the Virginia Landmarks Register? Yes No

Has the property been surveyed, studied or identified by the Division of Historic Landmarks?

Yes No

6 DESCRIPTION

Date of Construction: _____

General Condition: Excellent Good Fair Deteriorated Ruinous

Modifications to Structure/Site: Unaltered Altered Original Site Moved

Date Moved: _____

Describe present and original (if known) physical appearance: _____

7 SIGNIFICANCE

Historical Significance: _____

Architectural Significance: _____

8 MAJOR BIBLIOGRAPHICAL REFERENCES

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____

9 ATTACHMENTS (include with application form)

Photographs Appropriate Drawings Other Relevant Documentation
 Site Plans Maps/Surveys

10 NOMINATION BY

Name: _____
Organization: _____
Address: _____
City/State/Zip: _____
Phone: _____ (home) _____ (work)

<p>_____</p> <p>Signature of Applicant</p>	<p>_____</p> <p>Date</p>
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If you have any questions regarding this form, please call (804) 796-7192. Mail completed form to:

Director of Planning
Chesterfield County
P.O. Box 40
Chesterfield, VA 23832-0040

FOR OFFICE USE ONLY	
CASE NUMBER:	_____
GPIN:	_____
ZONING:	_____
SHEET:	_____
MAGISTERIAL DISTRICT:	_____
PLAN AREA:	_____