



## Chesterfield County Preservation Committee

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

Telephone: (804) 748-1778  
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Email: [chieppar@chesterfield.gov](mailto:chieppar@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)

_____ <b>Signature of Applicant</b>	_____ <b>Date</b>
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If you have any questions regarding this form, please call (804) 748-1778. Mail completed form to:

Rachel Chieppa, Planning Department  
 Chesterfield County  
 P.O. Box 40  
 Chesterfield, VA 23832-0040

<b>FOR OFFICE USE ONLY</b>	
CASE NUMBER:	_____
GPIN:	_____
ZONING:	_____
SHEET:	_____
MAGISTERIAL DISTRICT:	_____
PLAN AREA:	_____