



**Architectural Review Board Application  
Abbreviated Review for Historic Structure  
Demolition**

Application Date: \_\_\_\_\_

**Project Address:** \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Property Owner or Agent: \_\_\_\_\_  
*(If different from Applicant)*

**(Office Use)**

Construction Year: \_\_\_\_\_

Current Use: \_\_\_\_\_

Ownership History: \_\_\_\_\_

Meets NRHP criteria: \_\_\_\_\_

Notes: \_\_\_\_\_

Historical significance determination based on National Register of Historic Places criteria (see Sec. 12-11-5(E)(5)(c)). If applicable, provide photographs of all elevations and a completed FMSF Historical Structures Form.

This request was reviewed by the following member of Planning Staff.

\_\_\_\_\_  
*ARB Secretary Signature* \_\_\_\_\_ *Date*

This request was reviewed by the following members of the Architectural Review Board:

\_\_\_\_\_  
Comments: \_\_\_\_\_

\_\_\_\_\_  
*Architect Signature / Date*

\_\_\_\_\_  
Comments: \_\_\_\_\_

\_\_\_\_\_  
*UWFHT Representative Signature / Date*