

DEMOLITION REVIEW APPLICATION FOR HISTORIC PRESERVATION COMMISSION REVIEW

PROPERTY **Address** _____ **Block No.** _____ **Lot No.** _____
Zip Code _____ **Historic Name (if known)** _____

- 1** Type of Building: (please check one)
- Commercial Industrial Mixed Use
 Residential Public Religious
 Other

- 2** Is the property listed on any of the following?
- Paterson Register of Historic Places National Register of Historic Places
 State Register of Historic Sites Don't Know

4 What is the original or previous use of the property? (50 years ago or more) _____

- 3** This property is located in one of the following Historic Districts:

- Great Falls Historic District (GFHD)
 Eastside Park Historic District (EPHD)
 Downtown Commercial Historic District (DCHD)
 Court House Historic District (CHHD)
 Don't Know

5 What is the existing use of the property? _____

6 Is this building currently occupied / in use? YES NO

7 Is this building currently on the Registered Abandoned Property List? YES NO

If yes, provide RAP # _____

- 8** What is the intended use for the site after demolition? (Please check all that apply)

- New Commercial New Industrial New Mixed Use
 New Residential New Multi-Family Vacant
 New Recreation New Religious Other

- 9** Is Demolition required because of structural instability, fire, or public safety? YES NO

If yes, please attach a copy of violations or notices from Division of Community Improvements and required Engineering Assessments

To complete this application, you must also submit photos* of the property listed here:

1. the building with its surroundings
2. close-ups of **ANY** decorative features, signage, and other details
3. (at least) one photo of each side, if visible

***Digital photos are acceptable if submitting this form electronically.**

APPLICANT

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____
Email: _____

I affirm that I am the authorized agent or owner of the above-listed property and certify that the information entered is both correct and true to the best of my knowledge.

Signature: _____

Printed Name: _____ **Date:** _____

PLEASE RETURN THIS FORM TO THE ADDRESS OR EMAIL LISTED ON LETTERHEAD ABOVE.