



**ST. MARY'S COUNTY
HISTORIC DISTRICT DESIGNATION APPLICATION ¹**

OFFICE USE ONLY	
Historic District Case # _____	MIHP# _____
Historic Site Name _____	HDC Meeting Date _____
_____	Filing Date _____

NAME OF APPLICANT	OWNER(S)

MAILING ADDRESS		
<i>Street</i>		
<i>City</i>	<i>State</i>	<i>Zip code</i>
<i>Telephone Number:</i>	<i>E-mail Address:</i>	

PROPERTY ADDRESS		
<i>Street</i>		
<i>City</i>	<i>State</i>	<i>Zip code</i>

LOCATION			
Election District _____	Community _____		
Tax Map No. _____	Parcel No. _____	Lot No. _____	Tax ID No. _____
Adjoining Road(s): _____			

AREA	
<i>Attachments that may be required.</i>	
<input type="checkbox"/> Metes and Bounds Description(s)	<input type="checkbox"/> Survey Plat or Tax Map Extract
Owner of Record: _____	Deed Reference: _____ / _____ / _____
Acres _____	County Zoning District _____ Land Use _____

ADJOINING PROPERTY OWNERS (including those across roads)¹	
<i>Printed Names</i>	<i>Addresses</i>
_____	_____
_____	_____
_____	_____
_____	_____

SIGNIFICANCE of SITE
<i>(Describe significant elements of cultural, social, economic, political or architectural history, or other bases for requesting designation)²:</i>

Other Remarks: _____

Attachments²: _____

_____ *Signature of Applicant* _____ *Date*

Concurrence of Owner(s):

¹ May be attached.
² Such as photos, deeds, historical documents, plats, etc.