



CITY OF ESCONDIDO
Planning Division
201 North Broadway
Escondido, CA 92025-2798
(760) 839-4671

FOR INTERNAL USE ONLY	
Case No.:	_____
Date Received:	_____
Received By:	_____
Fees Received:	_____
Date Approved:	_____
Application:	<input type="checkbox"/> Incomplete
	<input type="checkbox"/> Complete _____

ESCONDIDO HISTORIC DESIGNATION APPLICATION

(Check one) Historic Landmark Local Register

Applicant: _____

Present Property Owner: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone No.: (H) _____ (W) _____

Phone No.: (H) _____ (W) _____

Address of Site/Structure: _____

Present Land Use: _____

Assessor Parcel No.: _____

General Plan Designation: _____

Tier/Neighborhood: _____

Common Name/
Historic Name: _____

Zoning: _____

Architural Style: _____

Related Case File: _____

Put answers to questions 1-3 on the reverse side of this form.

1. Please describe historical aspects of the site or structure as well as any other significant factors which may determine this as an Historic Resource (i.e., special aesthetics; cultural, architectural, or engineering factors; and any dates, events, or persons associated with the site or structure).
2. Has the site or structure been altered in any way from its original design? Explain.
3. Are there any known threats to the site or structure? (i.e., private development, zoning, vandalism, public works, structural damage, etc.)

SUBMITTAL REQUIREMENTS:

- Complete legal description of property
- List of past and present occupants/owners
- 1 copy of site plan
- Photos of exterior of structure/site
- Evidence that the property owner has consented to designating the Historic/Cultural Resource as an Historic Landmark/Local Register Property
- Chain of Title
- State of California Department of Parks and Recreation Forms 523a & b (attached)

Applicant Signature (Date)

Property Owner Signature (Date)

1. _____

2. _____

3. _____

