

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

		Application Date:
Project Address:		
Applicant:		
Applicant's Address:		
Email:		Phone:
Signature of Property Owner / Agent*:		
(Office Use)	* (Per sec. 12-11-5(5)e.1. o the building, the owner or	of city code, If the applicant is not the owner of record of owners of record shall co-sign the application)
Construction Year:		
Current Use:		
Ownership History:		
Meets NRHP criteria:	-	
Notes:		
Notes.	-	
_		al Register of Historic Places criteria (see Sec. 12-11-5(E)(3). d a completed FMSF Historical Structures Form.
This request was reviewe	ed by the following member (	of Planning Staff.
ARB Secretary S	Signature	Date
This request was review	wed by the following membe	ers of the Architectural Review Board:
		Comments:
Architect Signo	ature / Date	
		Comments:
UWFHT Representativ	 ve Sianature	
	gaca. c	
Date	Dlan	ning Sarvices

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