

Logansport/Cass County/Walton Plan Department
200 Court Park Room 306
Logansport, IN 46947
Ph: 574 753-7775
Fax: 574 753-7401

File Number: _____

Application for Designation LOCAL HISTORIC DISTRICT

APPLICANT INFORMATION

Applicant's Name: _____

Address: _____

Telephone Number: _____

OWNER INFORMATION (if different from applicant information)

*Owner's Name: _____

*Address: _____

*Telephone Number: _____

RESPESENTATIVE INFORMATION (if different from applicant information)

*Representative: _____

*Address: _____

*Telephone Number: _____

Zoning Classification of Property: _____

Address or common description of property:

Legal description of property affected:

Property Information:

Year Built: _____ Approximate Property Size: _____

Ownership: Private: _____ Public: _____

Original Use: _____

Current Use: _____

Architectural Style: _____

Historic Property Information:

1. Please describe, in detail, historical aspects of the site/structure as well as any other significant factors which may determine the property as a historic site/structure (i.e. special aesthetics; cultural, architectural, or engineering factors; and any dates, events or persons associated with the site or structure). Use separate sheet if necessary.

2. Has the site or structure been altered in any way from its original design? If yes, please explain.

3. Would you describe the present condition as: Poor, Fair, Good or Excellent? Please explain.

The Applicant must address the following questions and be able to establish reasons for each answer at the public hearing in order to obtain an accurate determination from the Historic Preservation Commission.

a. Does the proposed site have the character, interest and value of the development of one or all of the following; the City of Logansport; Cass County; the State of Indiana; or the United States of America?
___ YES ___ NO

b. Does the proposed site have educational value? ___ YES ___ NO

c. Is the proposed site suitable for preservation? ___ YES ___ NO

d. Does the proposed site portray the environment of a group of people in a historical era? ___ YES ___ NO

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: _____ Date: _____
(If signed by representative for applicant, state capacity)

