

# LOCAL HISTORIC DISTRICT APPLICATION FORM

Clarksville-Montgomery County  
Regional Historic Zoning Commission  
329 Main Street  
Clarksville, TN 37040

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1. Name of Historic District:  
\_\_\_\_\_
2. Is the district listed on the National Register of Historic Places? \_\_\_\_\_
3. Location of the district: \_\_\_\_\_  
\_\_\_\_\_
4. Total Number of Buildings within the proposed Historic District Boundaries: (An inventory of Building in the district must accompany this application ) \_\_\_\_\_  
\_\_\_\_\_
5. Brief description of the district: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Brief summary of the historical significance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Reasons for listing district: Per the City Zoning Ordinance Article IV, Section 30-24, Part I.

"A historic district or zone shall be defined as a geographically definable area which possesses a significant concentration, linkage or continuity of sites, buildings, structures or objects which are united by past events or aesthetically by plan or physical development, and which meets one or more of the following criteria:"

Indicate which criteria the district meets:

- \_\_\_\_\_ 1. That it is associated with an event which has made a significant contribution to local, state, or national history;
- \_\_\_\_\_ 2. That it includes structures associated with the lives of persons significant in local state or national history;
- \_\_\_\_\_ 3. That it contains structures or groups of structures which embody the distinctive characteristics of a type, period, or method of construction, or that represent the work of a master, or that possess high artistic values, or that represent a significant and distinguishable entity whose components may lack individual distinction;

- \_\_\_\_\_ 4. That it has yielded or may be likely to yield archaeological information important in history or prehistory;
- \_\_\_\_\_ 5. That it is listed in the National Register of Historic Places; (Acts 1982 (Adj. S.), ch. 814, 1.); or
- \_\_\_\_\_ 6. That it addresses the cost of acquisition by City and/or County Governments, restoration, maintenance and repair, as applicable.

Who will represent applicant before the Historic Zoning Commission and City Council?  
(Representative should have authority to commit applicant to changes that may be suggested by the commission.)

Applicant (Organization): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of representative: \_\_\_\_\_

(Representative will represent applicant before the Historic Zoning Commission.)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant/Representative: \_\_\_\_\_

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The following items are required with this application.  
Check and date when filed.

- 1. Inventory of properties in this district to include:
  - a) Property Address \_\_\_\_\_
  - b) Description \_\_\_\_\_
  - c) Date of Construction \_\_\_\_\_
- 2. Boundary Map \_\_\_\_\_
- 3. Historical and Architectural significance \_\_\_\_\_
- 4. Legal Description of the proposed district \_\_\_\_\_

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Action of Regional Historic Zoning Commission:

The following action was taken by the Regional Historic Zoning Commission on this historic district nomination application:

RECOMMENDED \_\_\_\_\_  
NOT RECOMMENDED \_\_\_\_\_

REASONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE OF REGIONAL HISTORIC ZONING COMMISSION MEETING:

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CLG Coordinator

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Chairman