

CITY OF CHARLESTON
HISTORIC DISTRICT NOMINATION FORM

1. **NAME OF DISTRICT** _____

2. **LOCATION** _____

3. CLASSIFICATION

A. CATEGORY

- building
- structure
- site
- object

B. OWNERSHIP

- public
- private
- both
- C. STATUS**
- occupied
- unoccupied
- work in progress

D. PRESENT USE

- agriculture museum
- commercial park
- educational private residential
- entertainment religious
- government scientific
- transportation industrial
- military other

4. **REPRESENTATION IN EXISTING SURVEYS:** _____

DEPOSITORY FOR SURVEY RECORDS _____

5. FUNCTION OR USE

A. HISTORIC FUNCTION

B. CURRET FUNCTION

6. DESCRIPTION

A. ARCHITECTURAL CLASSIFICATION

B. MATERIALS

foundation_____

walls_____

roofs_____

other_____

C. PROPERTY LIST AND ANALYSIS

Building Characteristics – provide detailed information on the building characteristics for each structure in the proposed designated area. Include if the structure contributes to the overall integrity of the buildings in the designated area by classifying it as either contributing or noncontributing. Photographs should be included for significant exterior architectural features for contributing properties

D. TABLES

- Summarize the information from the previous section into table for with regard to such characteristics as age, scale building material, and style.

E. NARRATION

- A written statement setting forth reasons in support of the proposed designation

F. HISTORY OF CHARLESTON

7. STATEMENT OF SIGNIFICANCE

Area of Significance

Period of Significance

Significant Dates

Significant Person

Cultural Affiliation

Architect/Builder

State significance of property, and justify criteria, criteria considerations, and areas and periods of significance noted above

8. BIBLIOGRAPHY

9. VERBAL BOUNDARY DESCRIPTION

LEGAL DESCRIPTION AND A MAP DELINATING BOUNDRIES

10. NOTIFICATION

- Written documentation establishing that owners of record for the structures in the proposed historic district have been notified.

11. FORM PREPARED BY:

Name/Title:

Organization:

Street and Number:

City or Town

State:

Zip Code

Date: