

HISTORIC EXEMPTION REQUEST FOR FLOODPLAIN REGULATIONS

Date Submitted: _____

Please Print or Type

I. APPLICANT INFORMATION

Applicant Name ()
Telephone

Mailing Address E-Mail

II. PROPERTY INFORMATION

Street Address/Location

Historic Information

1. _____

Construction Date(s) (main structure and any accessory buildings):

2. _____

Name of Architect(s) and Architectural Style (if known):

3. _____

List any Significant Historic Uses of the Property, if applicable:

Applicant Name (printed) Signature of Applicant Date

DEPARTMENTAL USE ONLY	
APPROVAL: _____	DATE: _____
DETERMINATION: _____ NRHP LISTED (EXEMPT) _____ NRHP ELIGIBLE (EXEMPT)	
_____ GALVESTON LANDMARK (EXEMPT) _____ NOT-ELIGIBLE	