

OLD TOWN ROCKWALL HISTORIC DISTRICT REGISTRY APPLICATION

Please complete the following table. In addition, it is requested that photographs of the property be submitted. Please submit a sufficient number of photographs of the property to adequately represent the character of the subject property. If additional space is needed, please use the attached "continuation sheet".

Address of Property: _____ (address or legal description)				
<u>Street Address</u> Rockwall City	<u>State</u> Texas State	<u>Zip Code</u> 75087 Zip Code	<u>County</u> Rockwall County	
Name of Property, If Applicable: _____ (name of Structure or Addition name)				
Has the building been moved? No _____ Yes _____ If yes, when was the property moved? _____ (mm/dd/yr -if known, otherwise, the year moved is sufficient)				
Name of Historic District: OLD TOWN ROCKWALL HISTORIC DISTRICT ____ National Register District ___ Certified State or Local District ___ Proposed Historic District If listed individually in the National Register of Historic Places, Please give date of listing _____ (mm/dd/yy)				
Property Owner: _____ Street Address: _____				
_____ City	_____ State	_____ Zip	_____ County	_____ Telephone Number
Authorized Contact: _____ Street Address: _____ (if different from Owner)				
_____ City	_____ State	_____ Zip	_____ County	_____ Telephone Number
Description of Property Appearance (architectural style, square footage,...etc.):				
Statement of Significance (year built, historical context,...etc.)				
Owner's Signature _____		City of Rockwall Use Only:		
Date: _____		Project Number		

- EXHIBIT (2) -

OLD TOWN ROCKWALL HISTORIC DISTRICT - Certificate of Appropriateness - Application

Please complete the following table. In addition, it is requested that photographs of the property be submitted. Please submit a sufficient number of photographs of the property to adequately represent the character of the subject property. If additional space is needed, please continue on additional sheets.

Address of Property: _____ (address or legal description)				
<u>Street Address</u> Rockwall City	Texas State	<u>75087</u> Zip Code	Rockwall County	
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Name of Historic District: OLD TOWN ROCKWALL HISTORIC DISTRICT ____ National Register District ____ Certified State or Local District ____ Proposed Historic District If listed individually in the National Register of Historic Places, Please give date of listing _____ (mm/dd/yy)				
Property Owner: _____		Street Address: _____		
_____	_____	_____	_____	_____
City	State	Zip	County	Telephone Number
Authorized Contact: _____		Street Address: _____		
<i>(if different from Owner)</i>				
_____	_____	_____	_____	_____
City	State	Zip	County	Telephone Number
Description of Property Construction, Renovation and Repair (attach photographs, plans, elevations, etc.):				
Owner's Signature _____		City of Rockwall Use Only:		H2003 -
				Project Number