

## ROCK ISLAND LANDMARK APPLICATION

City of Rock Island Planning & Zoning Division  
City Hall, 1528 3rd Avenue  
Rock Island, Illinois 61201  
Phone: (309) 732-2900 Fax: (309) 732-2930  
Email: cedmail@rigov.org



Address of Nominated Property:

Name and Address of Property Owner:

Is Owner Aware of Proposed Designation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please attach a short report setting forth the reasons for requesting designation. A list of details you should attempt to provide in the report is available at Rock Island City Hall or on the city's web site at [www.rigov.org](http://www.rigov.org). This web site also contains research resources.

Please circle the criteria under which you are nominating this structure. At least one must be marked, although multiple criteria are encouraged. Supporting documentation for each criterion must be provided in

1. Significant value as part of the heritage of the nation, state or community.
2. Associated with an important person or event in national, state or local history.
3. Representative of an architectural and/or landscape type, which exemplifies a period, style, craftsmanship, method of construction or use of local materials, and retains a high degree of integrity.
4. Notable work of a master builder, designer, architect or artist.
5. Identifiable as a familiar visual feature in the community, owing to its unique location or physical characteristics.
6. Its character as a particularly fine or unique example of a utilitarian structure such as a barn, gas station, or other commercial structure with a high level of integrity or architectural significance.
7. Area that has yielded or is likely to yield information important to history or prehistory.

### SUBMITTAL REQUIREMENTS

- Legal description of property (available from abstract or Rock Island County Recorder of Deeds office). Most recently filed deed must be attached.
- One photograph of each elevation (side) of the property being nominated. Copies of old photographs or drawings may also be included.
- Sources used to write the report.

### APPLICANT INFORMATION

Name:

Signature:

Organization:

Address:

Phone:

Email:

*Return application to City of Rock Island Planning & Zoning Division.*