

**Application for Historic Overlay Zoning (HO)**  
**City of Nacogdoches Historic Landmark Preservation Committee**

***Applicant:***

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

***Property Owner (If Different From Applicant):***

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**Status of Applicant (Check One):**       Owner       Applicant (must have owner signature)

Address of Property: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Date of Construction of main structure(s) on property: \_\_\_\_\_

**Historic Overlay Application Process**

1. Historic Overlay Application should be submitted to the Historic Preservation Officer at the C.L. Simon Recreation Center.
2. The application is considered first by the Historic Landmark Preservation Committee at a monthly meeting. This meeting will include a Public Hearing on the application and notice of the requested zone change are sent to all properties within 200 ft. of the property.
3. The ruling of the Historic Landmark Preservation Committee is then taken to the Planning and Zoning Commission for consideration.
4. The ruling of both the Historic Landmark Preservation Committee and Planning and Zoning are taken to the Nacogdoches City Council for final approval.

*Signing below certifies that all information submitted is correct to the best of the applicant's knowledge and certifies that the applicant has been given the Historic Overlay Application Process.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Deadline**

Application material must be **completed and submitted by 5:00pm the third Monday of each month** before the Nacogdoches Historic Landmark Preservation Committee can consider the approval of any change affecting the exterior of any building. This form, along with any supporting documentation, must be filed with the Historic Preservation Officer at the C.L. Simon Recreation Center located at 1112 North St., Nacogdoches, TX (Mailing Address: P.O. Box 635030, Nacogdoches, Texas 75963).

# Submittal Criteria Checklist

## City of Nacogdoches Application for Historic Overlay Zoning

Incomplete applications cannot be reviewed and will be returned to you for more information.

The documentation listed below must be submitted with the application for a Historic Overlay Zone request. All materials used must meet the Design Guidelines set by the City of Nacogdoches.

### Criteria for Designation

Please select one or more of the following criteria that applies to your application:

- 1. Possesses significance in history, architecture, archaeology or culture.
- 2. Is associated with events that have made a significant contribution to the broad patterns of local, regional, state or national history.
- 3. Is associated with the lives of persons significant in the city's past.
- 4. Embodies the distinctive characteristics of a type or period of architecture, or method of construction.
- 5. Represents the work of a master designer, builder, or craftsman.
- 6. Represents an established and familiar visual feature of the city.

### Historical Narrative

For a Historic Overlay Application to be considered a historical narrative must be submitted by the applicant. You can use the space below or attach additional pages.

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### Documentation Required:

- Color photographs of the structure from all sides (.jpg or .png file preferred). These photos can be sent via email or may be printed and turned in with the application.
- Supporting documentation including but not limited to newspaper articles, burial records, architectural records, historic sites surveys, etc.
- Narrative, written by the applicant, about the history of the structure and which criteria for designation the applicant is applying under.

### To be completed by Historic Sites Staff

HO Application #: \_\_\_\_\_

Accepted by: \_\_\_\_\_

NHLPC Meeting Date: \_\_\_\_\_