



HISTORIC LANDMARK
COMMISSION REVIEW

Location Address: _____
City: _____
County: _____
State: _____

PUBLIC HEARING
DATE: _____
TIME: _____
LOCATION: _____

PROPERTY: _____
OWNER: _____
APPLICANT: _____

FOR MORE INFORMATION, CONTACT
THE HISTORIC PRESERVATION DIVISION
AT THE CITY OF _____
PHONE: _____
WEBSITE: _____

DO NOT REMOVE





















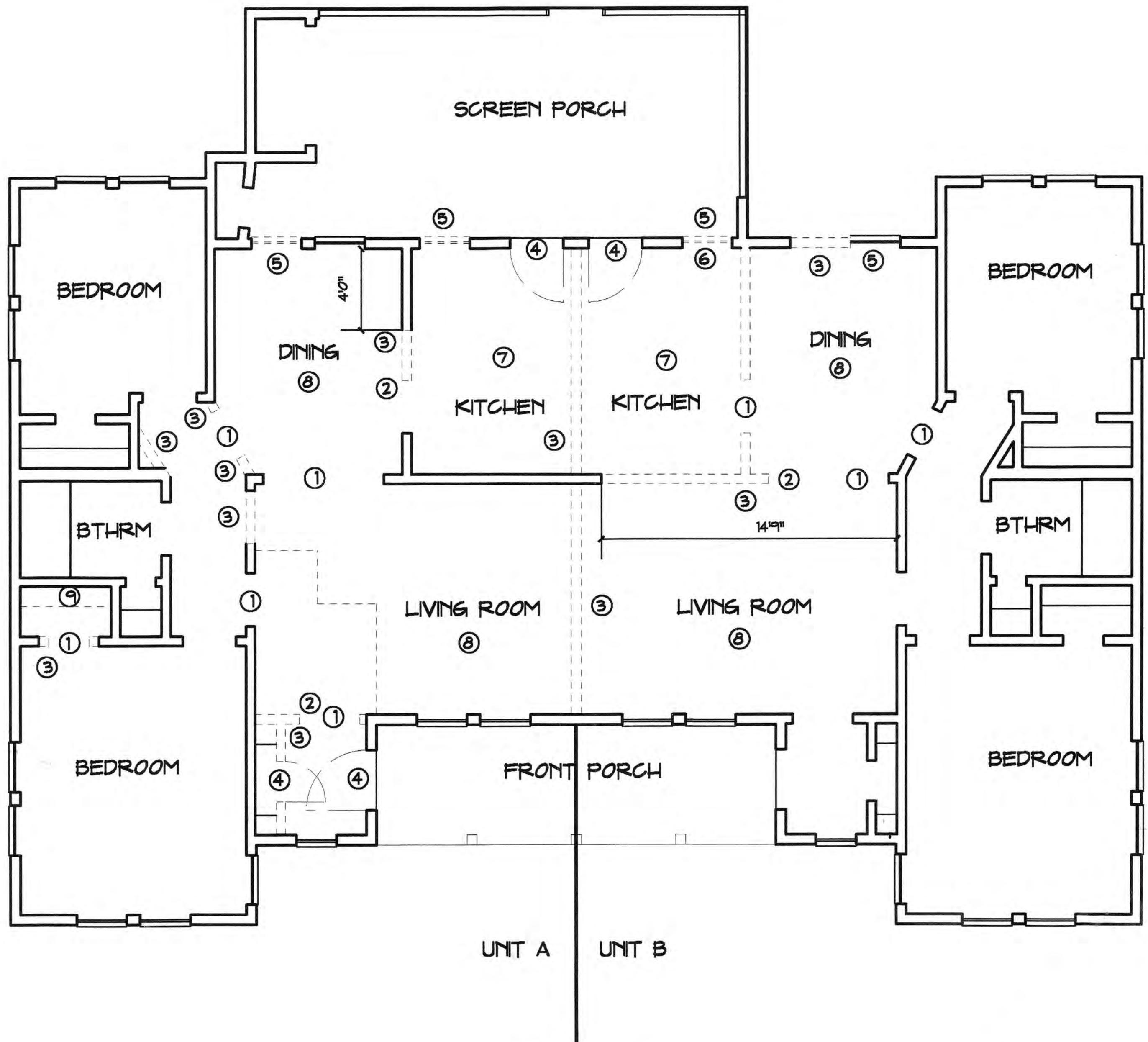












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