NATIONAL REGISTER OF HISTORIC PLACES	
PRELIMINARY SITE INFORMATION QUESTIONNAIRE	

FLORIDA DEPARTMENT OF STATE - CORD BYRD - SECRETARY OF STATE

This questionnaire is intended only to provide preliminary information about the property to the Bureau of Historic Preservation.

Name and Location of Property	Name and Address of Owner		Name and Address of Owner		
Name:	Name:				
Address:	Address:				
City:	City:				
Zip Code: County:	State:	Zip Code:			
I support this effort to list or seek a determination of eligibility for Yes No Owner Signature and Date:	r listing my property o				
Property Information Significant Dates (construction, events, etc.):					
Significant Dates (construction, events, etc.).	_Has it been moved?	⊖Yes ⊖No Year moved:			
Property Type □ Archeological or □ Residential Historic Site □ Building □ Commercial Building □ Building	☐ Industrial Building Current use:	Public Building Other (describe)			
Property Description: Describe the design, construction, and general condition of the b materials, and alterations to the building. (If space below is insufficient					
Why is the property significant? Provide a basic history of the property. Indicate significant event (If space below is insufficient, attach additional sheets of paper)	s, people, or architect	ural styles associated with the property.			
Required Enclosures:	Submitter's Name a	and Address			
Current photos (exterior and interior)	Name:				
Historic photos (if available, photocopies acceptable)	Address:				
Location map (and site plan for large properties)	City:				
Sketch floor plan	State:	Zip Code:			
\Box Proof of ownership (property appraiser record or notarized letter)	Dhonou				
Date:	Signature:				

Bureau of Historic Preservation | R.A. Gray Building | 500 Bronough Street | Tallahassee, FL 32399-0250 Tel: (850) 245-6333 or 1-800-847-7278 | Fax: (850) 245-6437