

FOR STAFF USE ONLY:

Date: _____

Case Number: HPC _____

Received by: _____

CITY OF WICHITA HISTORIC PRESERVATION REVIEW APPLICATION

Return to: Historic Preservation Office
Metropolitan Area Planning Department
The Ronald Reagan Building, 2nd floor
271 W 3rd Street
Wichita, KS 67202
316-268-4421

FAX to: 316-858-7764
Attn: Historic Preservation Office
e-mail kmorgan@wichita.gov

Check one:

Certificate of Appropriateness

Old Town Design Review

Delano Design Review

Loan Application

KHPR/NRHP Nomination

Address of Property: [Click here to enter text.zip code](#)[Click here to ent](#)

Owner: [Click here to add type](#) [click here to add type](#) [Click here to add ty](#)

Address (if different): [Click here to enter text.](#)[Click here to enter text](#)
(zip code)

Phone: [Click here to enter text.](#) **E-mail:** [Click here to enter text.](#)

Other applicant: [Click here to enter text.](#)[Click here to enter text.](#) [Click here to ente](#)
(Contractor) (Architect) (Tenant)

Address: [Click here to enter text.](#) [Click here to enter](#)
(zip code)

Phone: [Click here to enter text.](#) [Click he](#) **E-mail:** [Click here to enter text.](#)

Instructions: Use boxes below to describe each modification or improvement project.

- Indicate materials and specifications
- Attach current photographs or computer-graphic representations of each side of the structure and detailed images of any area affected by the modification(s).
- Attach drawings of site plans, floor plans, elevations, and details as applicable.

Project 1: Description Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.
Condition of existing materials: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. cli
Replacement/New materials: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Clic
Method of rehabilitation: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Clic
Date of completion: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter

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PAGE)**
→

Project 2: Description Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.
Condition of existing materials: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.
Replacement/New materials: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.
Method of rehabilitation: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.
Date of completion: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

Project 3: Description Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.
Condition of existing materials: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.
Replacement/New materials: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.
Method of rehabilitation: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.
Date of completion: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

Owner's (or) Applicant's signature	Date
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FOR STAFF USE ONLY:						
Approved by:	Preservation Planner	Date				
Concurrence by:	Chair, Historic Preservation Board	Date				
Director, Metropolitan Area Planning Department		Date				
Superintendent, Office of Central Inspection		Date				
Project 1:	Major	Minor	Approved	Approved w/ Conditions	Specifications attached	Denied
Project 2:	Major	Minor	Approved	Approved w/ Conditions	Specifications attached	Denied
Project 3:	Major	Minor	Approved	Approved w/ Conditions	Specifications attached	Denied