

HISTORIC PRESERVATION COMMISSION  
SOUTHOLD TOWN

APPLICATION FOR LISTING ON THE  
SOUTHOLD TOWN REGISTER OF DESIGNATED LANDMARKS

**BUILDING-STRUCTURE INVENTORY FORM**

DATE: \_\_\_\_\_

OWNER'S/SPONSOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

ORGANIZATION (If any): \_\_\_\_\_

**IDENTIFICATION**

1. Building Name (How commonly identified):  
\_\_\_\_\_
2. Address: \_\_\_\_\_
3. County: \_\_\_\_\_ Town: \_\_\_\_\_ Village: \_\_\_\_\_
4. County Tax Map Number: Section: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_
5. Ownership: a. \_\_\_ Public b. \_\_\_ Private
6. Present Occupant: \_\_\_\_\_
7. Use: Original: \_\_\_\_\_ Present: \_\_\_\_\_
8. Accessibility to Public: Exterior visible from public road: \_\_\_ Yes \_\_\_ No Interior accessible: (Explain, i.e. By appointment) \_\_\_\_\_

**DESCRIPTION**

1. Building Materials: a. \_\_\_ Shingles b. \_\_\_ Clapboards c. \_\_\_ Stone  
d. \_\_\_ Bricks e. \_\_\_ Stucco f. \_\_\_ Board and Batten
2. Structural System: a. \_\_\_ Wood frame b. \_\_\_ Masonry load bearing walls  
c. \_\_\_ Metal d. \_\_\_ Other
3. Condition: a. \_\_\_ Excellent b. \_\_\_ Good c. \_\_\_ Fair d. \_\_\_ Deteriorated
4. Integrity: a. \_\_\_ On original site b. \_\_\_ Moved If so, when? \_\_\_\_\_  
c. List major alterations and dates, if known: \_\_\_\_\_  
\_\_\_\_\_

**RELATED OUTBUILDINGS AND PROPERTY**

- a. \_\_\_ Barn b. \_\_\_ Carriage House c. \_\_\_ Garage d. \_\_\_ Privy e. \_\_\_ Shed  
f. \_\_\_ Greenhouse g. \_\_\_ Shop h. \_\_\_ Gardens i. \_\_\_ Fence  
j. \_\_\_ Landscape Features k. \_\_\_ Other (Explain): \_\_\_\_\_

**THREATS TO BUILDING**

- a. \_\_\_ None Known b. \_\_\_ Zoning c. \_\_\_ Roads d. \_\_\_ Developers  
e. \_\_\_ Deterioration f. \_\_\_ Other (Explain) \_\_\_\_\_

**OTHER NOTABLE FEATURES OF BUILDING AND SITE (Including interior features, if known; indicate if building or structure is in an historic district):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SIGNIFICANCE**

1. Date(s) of Initial Construction and Major Alterations, if any:  
\_\_\_\_\_
2. Architect: \_\_\_\_\_
3. Builder: \_\_\_\_\_
4. Historical and Architectural Importance, i.e. famous residents, special events took place, etc. \_\_\_\_\_
5. Is structure, place or site presently on any historic register that you know of? If so, which one(s) and on what date (s)? \_\_\_\_\_

\_\_\_\_\_

**MISCELLANEOUS DATA**

In your estimation, why should this property be designated a Southold Town Landmark?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOURCES OF INFORMATION (Individuals other than owner/applicant, maps, etc.):**

\_\_\_\_\_  
\_\_\_\_\_

**Attach photos of facades of building/structure/site visible from a public street as well as of significant interior features, i.e. fireplaces, mantles, stairs, etc. as appropriate.**

**Attach Survey Map or Sketch of Location.**

**AGREEMENT**

*It is understood that by the filing of this application, and following the inspection and evaluation of the property recommended for landmark status, that you are requesting the services of the Southold Town Historic Preservation Commission to help you conserve, protect and preserve your historic property. Neither the Commission nor the Town has fiduciary responsibilities for any recommendations it might make to you to accomplish these conservation goals. The Commission's recommendations to you are not binding, but non-conformance with these recommendations could result in denial or revocation of Southold Town landmark status.*

Signature (s) of Applicant (s): \_\_\_\_\_

Date: \_\_\_\_\_

**Forward completed application with required attachments to Southold Town Historic Preservation Commission, Town Hall, P.O. Box 1179, Southold, NY 11971**

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**TRANSMITTAL/ROUTING SHEET FOR**  
**BUILDING-STRUCTURE INVENTORY FORM**  
(For Office Use Only)

1. Date Received: \_\_\_\_\_
2. Date Initially Reviewed by Commission: \_\_\_\_\_
3. Date Scheduled for Inspection: \_\_\_\_\_
4. Date Inspected: \_\_\_\_\_
5. Inspection Team: \_\_\_\_\_
6. Comments of Inspection Team: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Recommendation:
8. Date of Final Review by Commission:
9. Action: \_\_\_ Approved \_\_\_ Denied
10. Date Submitted to Town Clerk for Official Notice \_\_\_\_\_
11. Date Applicant Notified: \_\_\_\_\_
12. Date Plaque Presented at Meeting of Town Board: \_\_\_\_\_