



**CITY OF SANTA FE HISTORIC PRESERVATION DIVISION  
HISTORIC DISTRICTS APPLICATION**

**1. Applicant Information (to be completed by the Applicant)**

Date: \_\_\_\_\_ Location of Project: \_\_\_\_\_

Applicant

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Work:

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

**2. Property and Project Information (to be completed by HPD Staff)**

Case Planner: \_\_\_\_\_

Date Assigned: \_\_\_\_\_ PAR No.: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_ Time: \_\_\_\_\_

Historic District: \_\_\_\_\_

Historic Status: \_\_\_\_\_

Primary Elevations: \_\_\_\_\_

Previous HDRB and Admin Cases: \_\_\_\_\_

	Yes	No
Archaeological compliance required?	<input type="checkbox"/>	<input type="checkbox"/>

Administrative or HDRB?	Admin	HDRB
	<input type="checkbox"/>	<input type="checkbox"/>
If HDRB, exceptions required? (Complete prior to application acceptance.)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Code Citation for Exception: \_\_\_\_\_

Date of Follow-Up with Applicant: \_\_\_\_\_

**3. HDRB Application Section (to be completed by Applicant)**

Please submit this application form with the additional required application materials. A list of materials and requirements for submittal can be found at [https://www.santafenm.gov/historic\\_preservation](https://www.santafenm.gov/historic_preservation) .

Application Submittal Date: \_\_\_\_\_

Desired Hearing Date: \_\_\_\_\_

Project Type:

Status

New Construction

Sq. Ft. of project: \_\_\_\_\_

Primary Elevation Designation

Remodel

Sq. Ft. of project: \_\_\_\_\_

Construction Cost: \_\_\_\_\_

**AFIDAVIT AUTHORIZING AGENT/APPLICANT**

*As the Owner and holder of title of the above listed property I/we authorize the Agent/Applicant to act on my/our behalf to execute this application.*

Print Name \_\_\_\_\_

Signature \_\_\_\_\_