

## OLD TOWN ROCKWALL HISTORIC DISTRICT REGISTRY APPLICATION

Please complete the following table. In addition, it is requested that photographs of the property be submitted. Please submit a sufficient number of photographs of the property to adequately represent the character of the subject property. If additional space is needed, please use the attached "continuation sheet".

<b>Address of Property:</b> _____ (address or legal description)				
<u>Street Address</u> <b>Rockwall</b> City	<u>State</u> <b>Texas</b> State	<u>75087</u> Zip Code	<u>Rockwall</u> County	
Name of Property, If Applicable: _____ (name of Structure or Addition name)				
Has the building been moved? No _____ Yes _____ If yes, when was the property moved? _____ (mm/dd/yr -if known, otherwise, the year moved is sufficient)				
Name of Historic District: <b>OLD TOWN ROCKWALL HISTORIC DISTRICT</b> ____ National Register District ___ Certified State or Local District ___ Proposed Historic District If listed individually in the National Register of Historic Places, Please give date of listing _____ (mm/dd/yy)				
Property Owner: _____ Street Address: _____				
_____ City	_____ State	_____ Zip	_____ County	_____ Telephone Number
Authorized Contact: _____ Street Address: _____ (if different from Owner)				
_____ City	_____ State	_____ Zip	_____ County	_____ Telephone Number
Description of Property Appearance (architectural style, square footage,...etc.):				
Statement of Significance (year built, historical context,...etc.)				
Owner's Signature  _____		City of Rockwall Use Only:		
Date: _____		Project Number		