

GLEN ELLYN HISTORIC PRESERVATION COMMISSION

**HISTORICAL LANDMARK NOMINATION FORM
FOR INDIVIDUAL BUILDINGS OR ART OBJECTS**

Date Received _____

1. Name of Property/Site: _____
2. Address of Property: _____
3. Attach photographs of the property site itself as well as important features (if available).
4. Is this property, or any part of it, listed on or nominated to the Illinois or the National Register of Historic Places? Has the Glen Ellyn Historical Society placed an historical plaque on the building?

_____ Illinois Register _____ National Register

_____ Glen Ellyn Historical Society Plaque

5. Please indicate which of the following criteria apply to the property. (Check all that apply). Explain in #6.

_____ Its value as an example of the architectural, cultural, economic, historic, social or other aspect of the heritage of the Village of Glen Ellyn, the State of Illinois, or the United States;

_____ Its location as a site of a significant historic event which may have taken place within or involved the use of any existing improvements;

_____ Its identification with a person or persons who significantly contributed to architectural, cultural, economic, historic, social or other aspect of the development of the Village of Glen Ellyn, the State of Illinois, or the United States;

_____ Its exemplification of an architectural type or style distinguished by innovation, rarity, uniqueness or overall quality of design, detail, materials or craftsmanship;

_____ Its representation of an architectural, cultural, economic, historic, social or other theme expressed through distinctive areas, districts, places, buildings, structures, works of art or other objects that may or may not be contiguous;

____ Its unique location or distinctive physical appearance or presence representing an established and familiar visual feature of a neighborhood, community or the Village of Glen Ellyn.

____ Other reasons. Please specify. _____

6. Additional details and history. Summarize why this property/site should be designated a "Landmark." Please indicate the year this building was constructed. _____

7. Name, address and telephone number of the property owner(s).

Name: _____
Address: _____
Area Code: _____ Phone Number: _____

8. Name, address, telephone number and signature of person(s) submitting this nomination. (Please attach additional sheets if necessary)

Name: _____
Address: _____
Area Code: _____ Phone Number: _____

Signature

Date

If you have questions, please phone the Village of Glen Ellyn staff liaison for the Historic Preservation Commission at 630/469-5000.

Please return this form to:

Historic Preservation Commission
C/O: Staff Liaison
Village of Glen Ellyn
535 Duane Street
Glen Ellyn, Illinois 60137