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