

AGENDA NUMBER (CRO USE ONLY): _____

CULTURAL RESOURCES OFFICE / ST. LOUIS PRESERVATION BOARD
APPLICATION FOR PRELIMINARY REVIEW

St. Louis Planning & Urban Design Agency
1520 Market Street / Suite 2000 / St. Louis, MO 63103
<http://stlouis-mo.gov/government/departments/planning/cultural-resources/>

1 Date of submittal: _____ 2 City Block: _____ Ward: _____

3 **PROJECT ADDRESS:**

4 Occupant Name:

5 Owner Name:

and Address:

6 Project Description:

7 Applicable Preservation Regulations:

Landmark Historic District _____ Other _____

8 *I/We, the undersigned, do hereby affirm that the above statements are true and correct and I/we also agree to comply with the provisions and procedures of the Cultural Resources Office of the St. Louis Planning and Urban Design Agency. The proposed work is authorized by the owner-in-fee and I/we have the authorization to make this application.*

Signature: _____ Date: _____

Name (please print):

Address:

Telephone (business hours):

Email:

FOR CRO USE: