



# Application for Landmark Status

Town of Clarence Historic Preservation Commission  
1 Town Place, Clarence, NY 14031  
Planning & Zoning Office (716) 741-8933

## Town Use Only

Date: \_\_\_\_\_

Received By: \_\_\_\_\_

LANDMARK REQUEST:

Property Address: \_\_\_\_\_

SBL #: \_\_\_\_\_

**Landmarking Criteria:** A landmark home or property in the Town of Clarence must be at least 50 years old and possess significant historical value to the community in view of the cultural, political, economic, or social biography of the people involved in its design, construction, or occupancy or possess significant architectural period styling.

I believe that my property located at the address listed above may have significant historic or architectural value, or both, to the people of the Town of Clarence, New York and wish for it to be considered for landmark status. I believe the property is significant to the community because *(Insert brief explanation):*

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

LANDMARK INFORMATION:

**§ 117-17 Tax Relief:**

This application is not a binding contract. Applicant or reviewing board may withdraw from the review process at any time without liability. If property is designated, General Fund and Highway tax reimbursement as referenced below:

*"After a building, structure, site or district has been duly designated as historically significant, the owner or owners of said building, structure, site or district shall be entitled to receive reimbursement from the Town of Clarence for those general Town and highway taxes paid by the owner in the first year following the property's historically significant designation and all subsequent years thereafter that such designation shall exist. Application for a refund must be made no later than June 30 of the year that a refund is claimed or the right to claim a refund will be deemed waived for that taxable year. To receive a refund, the applicant shall provide proof of payment of the real property taxes in the form of a date-stamped and/or duplicate tax receipt from the Town Clerk. In no event shall the applicant be entitled to a refund of any penalty for late payment of the tax bill."*

**Privacy Notice:**

Please note that photo images, artistic reproductions, and prior public information about your home's landmark status may be used in future publications and programs made by the Town of Clarence in support of historic preservation. No use will be made of any personal ownership information.

CONTACT INFO:

**APPLICANT INFO**

Name / Business: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SIGNATURE**

Request for Action shall be filled out completely in the spaces provided. The complete Request for Action shall be submitted to the Office of Planning and Zoning along with all necessary plans, maps, and supporting documentation. By signing below I certify that I have the authority to submit this Request for Action, and further certify its contents to be true and correct.

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Town Use Only:

Action: \_\_\_\_\_ By: \_\_\_\_\_ On: \_\_\_\_\_ Fee: \_\_\_\_\_ Paid: \_\_\_\_\_

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