



Town of Marbletown, New York Historic Preservation Commission Preliminary Designation Application

Name of Property Owner _____ Date _____

Mailing Address _____

Street Address if different from above _____

City/State/Zip _____ Phone _____

Organization (if applicable) _____

Name of Applicant if different from Property Owner _____

Mailing Address: _____ Phone _____

PROPERTY IDENTIFICATION

___ Yes ___ No This structure is identified in "Marbletown New York Reconnaissance Level Survey of Its Historic Resources" by Ruth Piwonka. If yes, please photocopy and attach the relevant information from this book. It is available at the Stone Ridge Library and the Town of Marbletown Clerk's Office.

1. Building Name(s) _____

2. County _____ Town/City _____ Hamlet _____

3. Street Location _____

4. Ownership a. public ☐ b. private ☐

5. Original Use _____ Present Use _____

6. Accessibility to Public Exterior visible from public road: Yes ☐ No ☐

Interior accessible: Yes ☐ No ☐ If yes, explain:

DESCRIPTION

8. Building Material *(please check all that apply)*

a. clapboard ☐ b. stone ☐ c. brick ☐ d. board and batten ☐
e. cobblestone ☐ f. shingle ☐ g. stucco ☐ other: _____

9. Roof Material a. wood ☐ b. shingle ☐ c. metal ☐ d. asphalt shingle ☐
e. Slate ☐

- Builder:

21. Historical and Architectural Importance

22. Published Sources

Signature of Applicant _____ Date _____

Signature of Property Owner _____ Date _____
(if different from Applicant)

FOR COMMISSION USE

Date Application Received _____

Date Application Reviewed _____

Action: ___ Accepted ___ Denied ___ Request further information