## REQUEST FOR CERTIFIED LOCAL GOVERNMENT STATUS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **THC Contact** |  |  | **Local Contact** |
| Contact: | Madeline Clites, State Coordinator |  | Contact: |  |
| Address | Certified Local Government Program |  | Address: |  |
| Texas Historical Commission |  |  |
| PO Box 12276 |  |  |
| Austin, TX 78711-2276 |  |  |
| Email Address: | madeline.clites@thc.state.tx.us |  | Email Address: |  |
| Phone: | 512.463.9063 |  | Phone: |  |
| Fax: | 512.463.5862 |  | Fax: |  |

**FROM:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Name, title and mailing address of chief elected official of the applicant government)

In accordance with the National Historic Preservation Act of 1966, and the amendments to the Act approved in 1980, as well Rule 15.6 (f) of the Texas Administrative Code, I hereby request Certified Local Government status for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(city or county)

Enclosed are [check off as applicable]

\_\_\_\_\_\_ (1) a copy of the local historic preservation or landmark ordinance, including any and all amendments to same; (**required for cities only)**

\_\_\_\_\_\_ (2) a copy of by-laws adopted by an appointed county historical commission;

**(required for counties only)**

\_\_\_\_\_\_ (3) a listing of individual properties and/or districts designated under the city historic preservation ordinance, including addresses and statements of significance for each landmark or district;

\_\_\_\_\_\_ (4) a list, with appropriate location maps, of Recorded Texas Historic Landmarks, State Archeological Landmarks, and any individual properties and/or districts identified and/or listed in the National Register of Historic Places with statements of significance for each property or district;

\_\_\_\_\_\_ (5) resumes of the designated historic preservation officer and members of the historic preservation review commission, board, or committee, indicating their qualifications, credentials, or expertise in fields related to historic preservation; and,

\_\_\_\_\_\_ (6) a copy of the local preservation plan, if available, or a statement of goals and objectives for the preservation program.

The requirements for certification of local governments, as described in the Texas Administrative Code, Rule 15.6 (e) (1-5) Rules and Procedures for Certified Local Governments, are presently fulfilled by

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

(city/county making application)

[check one]

\_\_\_\_\_\_ without exception

\_\_\_\_\_\_ with exception(s), as follows: [indicate the item(s), above, for which exceptions exist, and explain each, below]

I understand that if my (city/county) is certified, a written certification agreement specifying the responsibilities of the local government will be required and that

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city/county)

will be eligible to apply for special Certified Local Government matching grants to be used for eligible local historic preservation projects.

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

(Signed by chief local elected official)

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

(Dated)

Enclosures (as applicable):

1. Local historic preservation ordinance
2. By-laws of the county historical commission
3. List of locally designated properties/districts
4. List of identified properties and districts
5. Resumes of historic preservation review commission/board/committee members
6. Local preservation plan or statement of goals and objectives

(7) HPO appointment form

Revised 1/6/16