

**City of Apalachicola
Historic Marker Application
(please print or type)**

Date: _____

Name of Applicant: _____

Address of Applicant: _____

Phone no. of applicant: _____

Email of applicant: _____

Background information for Historic Marker Property

Address of property: _____

Construction date of property: _____

Name of architect/builder: (if available) _____

Name of significant person(s) associated with property: _____

Name of significant event(s) associated with property: _____

Significant or outstanding interior details (i.e. original mantel, cornice, ceiling medallion, etc)

Information about significance of property: _____

Source of information (attach copies if possible) _____
