

Wrightsville Beach Historic Home Relocation Program

Application for Consideration

Donor/Owner Information:

Owner Name: _____

Owner Address: _____

Owner Phone #: _____ Owner E-mail: _____

Sponsor/Non-Profit Organization:

Organization Name: _____

Name of Contact: _____

Contact Phone #: _____ Contact E-mail: _____

Proposed Donation Property Information:

Address: _____

Description of Property: _____

Has property been designated as a Historic Landmark? Yes__ No__

If cottage has not been designated as a Historic Landmark is it at least 50 years old? Yes__ No__

Why do you feel that the donation of this cottage is important in helping the Town achieve its goal of preserving traditional beach cottages? _____

The applicant acknowledges that he/she is the owner of the cottage to be considered. It is also acknowledged that all costs associated with preparation, transport and permitting for the move of the cottage from its current location to a site prepared by the Town will be at Donor and/or Sponsor expense.

Signature of Applicant Donor: _____ Date: _____

Signature of Applicant Sponsor: _____ Date: _____

For Town Use

Date Application Received: _____ Initial of recipient: _____

Date Reviewed by Historic Landmark Commission: _____

Historic Landmark Commission Recommendation: _____

Date Reviewed and Acted on By the Board of Aldermen: _____

Action by the Board of Aldermen: _____

Date of conveyance to Sponsor: _____

Date site preparation completed: _____

Proposed Date of Relocation: _____