

**CITY OF OXNARD
APPLICATION FOR HISTORICAL PROPERTY CONTRACT
(MILLS ACT CONTRACT)**

OWNER / APPLICANT

Please print or type _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Daytime _____ Evening _____

HISTORIC PROPERTY

Historic Name _____

Common Name _____

Street Address _____

Zip _____ Assessor's Parcel Number _____

Legal Description _____

LANDMARK STATUS

Potential Landmark (X) _____ City Landmark # _____ Date of Designation _____

State Landmark # _____ National Register Date _____

PROPOSED REHABILITATIONS

List the rehabilitations you propose to make over the next ten years in the order in which you propose to make them.

Year	Rehabilitations
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Owner Signature _____ Date _____

Application fee: \$600 (non-refundable) payable to City of Oxnard

Attach a title report dated no more than 15 days before the date this application is filed.

Application and title report received on _____ by _____