

**IOWA CERTIFIED LOCAL GOVERNMENT
2007 ANNUAL REPORT**

CLG Participating City, County and Land Use District Profile

NAME OF THE CITY, COUNTY, OR LAND USE DISTRICT: _____

Mailing Address of the Mayor, Board of Supervisors, or Land Use District Trustees (DO NOT GIVE MAILING ADDRESS OF STAFF OR COMMISSION CONTACT):

Phone Number: _____

Fax Number: _____

Email: _____

Website: _____

Section I.
Locating Historic Properties
Identification, Evaluation, and Registration Activity

CLG Standards found in CLG Agreement and National Historic Preservation Act

- ◆ The CLG shall maintain a system for the survey and inventory of historic and prehistoric properties in a manner consistent with and approved by the STATE.
- ◆ The CLG will review National Register nominations on any property that lies in the jurisdiction of the local historic preservation commission.

1. Please provide complete reports and site inventory forms from historic identification/survey, evaluation, and/or registration/nomination projects that the City, County, or Land Use District completed in 2007. Do not include projects that were funded with a CLG grant or mandated by the Section 106 review and compliance process.

2. How many NRHP Properties in your City, County, or LUD were altered, moved, or demolished in 2007? _____

3. In 2007, how many additional properties (landmarks, sites, zones, or districts) did your city place on its list of locally designated historic landmarks and/or historic districts? Please attach a copy of each designation nomination and ordinance. _____

4. In 2007, were there any actions to revise, amend, change, or de-list a locally designated property? If so, how many? Please attach documentation of the review and appeal process and decisions made by the historic preservation commission, planning and zone

commission, city Council, District Court or other governmental agency or official involved with the process. _____

Section II
Managing, Protecting, and Preserving Historic Properties

- ◆ The CLG will enforce all appropriate state and local ordinances for designating and protecting historic properties
- ◆ The CLG shall provide for adequate public participation in the local historic preservation programs

5. Did your city, county, LUD or its historic preservation commission undertake any of the following activities in 2007? Please think broadly about this question and include any activity (small or large) that facilitated historic preservation in your community.

a. Historic preservation planning. Examples include the development or revision of an preservation plan, development of a work plan for your commission, etc. (use additional pages if needed) _____

b. Provided technical assistance on historic preservation issues or projects. Examples include working with individual homeowners, business owners, institutions to identify appropriate treatments and find appropriate materials, research advice, etc. (use additional pages if needed) _____

c. Undertook educational programming in historic preservation. Examples include training sessions offered to the public, walking tours, open houses, lectures, Preservation Month activities, etc. (use additional pages if needed) _____

6. If the city or county amended its historic preservation ordinance or resolution or passed additional ordinances or resolutions that impact historic properties, please attach copies of the amendments and new ordinances or resolutions.

7. If new or revised design standards and/or guidelines were developed and adopted during 2007, please attach a copy.

8. Are there any particular issues, challenges, and/or successes your preservation commission has encountered or accomplished this year? _____

Section III
Historic Preservation Program Administration

- The CLG will organize and maintain a historic preservation commission, which must meet at least three times per year.
- The commission will be composed of community members with a demonstrated positive interest in historic preservation, or closely related fields, to the extent available in the community.
- The commission will comply with Iowa Code Chapter 21 in its operations.
- Commission members will participate in state sponsored or approved historic preservation training activities.

10. List dates of meetings held. _____

11. Please update the attached CLG Personnel Information Table.

12. Please attach biographical sketches or resumes of commissioners who were newly appointed in 2007.

13. Please complete the 2007 Commission Training Table.

Mayor or Chairman of the Board of Supervisors

PLEASE SIGN and DATE

Name

IF SUBMITTING ELECTRONICALLY, MAIL ONE (1) HARD COPY OF THIS PAGE.

IF SUBMITTING PAPER/HARD COPY, MAIL ONE (1) HARD COPY OF THE REPORT.

Paula A. Mohr
Historic Preservation Office
Historical Building
600 East Locust St, Des Moines IA 50319-0290
Paula.mohr@iowa.gov

2007 Historic Preservation Training Table

In this table, provide information about the commissioners' involvement in historic preservation training, listing the name of the conference, workshop or meeting; the sponsoring organization; the location and date when the training occurred. Be sure to provide the names of commissioners, staff, and elected officials who attended.

Name of Training Session:

Sponsoring organization:

Location:

Date:

Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:

Sponsoring organization:

Location:

Date:

Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:

Sponsoring organization:

Location:

Date:

Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:

Sponsoring organization:

Location:

Date:

Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:

Sponsoring organization:

Location:

Date:

Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:

Sponsoring organization:

Location:

Date:

Names of historic preservation commissioners, staff and elected officials who attended:

Biographical Sketch
Applicant for Historic Preservation Commission

NAME: (Mr. Mrs. Ms. Dr.):

ADDRESS:

WORK PHONE NUMBER WORK: ()

HOME PHONE NUMBER: ()

EMAIL ADDRESS:

INTEREST IN LOCAL HISTORY AND HISTORIC PRESERVATION (Describe education, employment, memberships, publications, and/or other activities which indicate your interest in and commitment to historic preservation; or provide a statement detailing your interest in local history and commitment to historic preservation; use extra sheets if necessary)

EDUCATION:

EMPLOYMENT:

INTEREST:

While serving on the _____ Historic Preservation Commission, I will work to insure that the commission enforces the Historic Preservation Ordinance/Resolution; upholds the CLG Agreement with the State of Iowa, and works in compliance with the Secretary of the Interior's Standards for Archaeology and Historic Preservation.

Signature

Date

2007-2008 CLG Personnel Table

A. Please list the names of the Historic Preservation Commissioners who served during 2007:

B. CHIEF ELECTED OFFICIAL 2007

Name of Mayor, Chairman of Board of Supervisors, President of LUD Trustees:

Mr. Mrs. Ms. Dr.

First Name:

Initial:

Last Name:

CHIEF ELECTED OFFICIAL 2008

Name of Mayor, Chairman of Board of Supervisors, President of LUD Trustees:

Mr. Mrs. Ms. Dr.

First Name:

Initial:

Last Name:

C. STAFF PERSON FOR THE HISTORIC PRESERVATION COMMISSION

Mr. Mrs. Ms. Dr.

First Name:

Initial:

Last Name:

Job Title:

Mailing Address:

Phone Number:

Email Address:

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle Yes No

2008 HISTORIC PRESERVATION COMMISSION:

Please complete the following and provide information about the 2007 commission. Be sure to indicate how the individual wishes to be addressed (Mr., Mrs., Ms., Dr.). Please provide a work (circle W) or a home (circle H) mailing address, work (circle W) or a home (circle H) phone number and work (circle W) or a home (circle H) email address. Please provide new or updated information on past and present: profession, employment, training, preservation skills including ownership of a historic property (Past or present: profession/employment, preservation skills, historic property owner). If the commissioner represents a locally designated district, provide the name of the district (Representative, Name of Historic District). Specify the month, day, and year that the commissioner's term will end (Term Ends). If a commission member serves as contact with the State Historic Preservation Office for the Commission, please mark the check off box below that individual's name.

CHAIRPERSON/COMMISSIONER

Mr. Mrs. Ms. Dr.

First Name

Initial

Last Name:

Mailing Address:

Home Phone Number:

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends: Month Day Year

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle Yes No

VICE CHAIRPERSON/COMMISSIONER

First Name

Initial

Last Name:

Mailing Address:

Home Phone Number:

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends: Month Day Year

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle Yes No

SECRETARY/COMMISSIONER

First Name

Initial

Last Name:

Mailing Address:

Home Phone Number:

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends: Month Day Year

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle Yes No

COMMISSIONER

First Name

Initial

Last Name:

Mailing Address:

Home Phone Number:

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends: Month Day Year

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle Yes No

COMMISSIONER

First Name

Initial

Last Name:

Mailing Address:

Home Phone Number:

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends: Month Day Year

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle Yes No

COMMISSIONER

First Name

Initial

Last Name:

Mailing Address:

Home Phone Number:

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends: Month Day Year

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle Yes No

COMMISSIONER

First Name

Initial

Last Name:

Mailing Address:

Home Phone Number:

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends: Month Day Year

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle Yes No