Nomination Form

Name of Applicant: ________________________________

Owner: ________________________________

Address: ________________________________

Phone/email: ________________________________

Type of Structure/Site (i.e. Residential, Commercial, Church, Cemetery): ________________________________

Approximate age or Year Constructed: ________________________________

How has the historic integrity and history of this structure/site been maintained or preserved? ________________________________

AREA OF SIGNIFICANCE (i.e. local history, architecture, agriculture, landscape architecture, commerce)

If the structure has been rehabilitated, please explain the modifications or renovations ________________________________

If your site is chosen for further consideration, may we contact you to arrange a site visit? _____ When is the best time of week/day? ________________________________

Please attach current and other pertinent photographs.

Please return forms & photos to CCHS, PO Box 1287, Canton, GA 30169, or by fax to 770-345-3289, or email to sjoyner@rockbarn.org.