



HISTORIC LANDMARK SIGN (HLS) TREATMENT PLAN

OFFICE USE ONLY

T _____ **Name:** _____ Administrative Legislative

PART 1 SIGN INFORMATION

Type of Application:

HLS Designation "As is" Upon completion of approved treatments

HLS type - Classic HLS Transitional HLS Replica HLS

Revision to a previously approved Treatment Plan

Address: _____ GPS Lat: 32. _____ Long: -110. _____

Current Zoning: _____ Sign Code District: _____ Parcel ID#: _____

Date of construction: _____ Date of installation: _____

Original business/copy: _____
(attach additional sheet if necessary)

Original address and Parcel ID # (if sign has been relocated): _____

Sign Height: _____ Sign Area: _____

Area of minimum bounding rectangle (X * Y): _____ "Z" Dimension: _____

- Is adaptive reuse (change of copy) proposed? Yes No
- Is relocation proposed? (Not allowed for initial designations of Replica HLS) Yes No
- Are there non-commercial uses within 300 feet of the proposed HLS? Yes No

SUMMARY CHECKLIST: Designation Guidelines/Criteria

- Are moving parts or intermittent lighting features proposed? Yes No
- Is the proposed HLS a detached, projecting or roof sign? Yes No
- Does the proposed HLS include exposed integrated incandescent or neon lighting? Yes No
- Did the proposed HLS originally include exposed integrated incandescent or neon lighting? Yes No
- Does the proposed HLS use materials and technology representative of its period of construction? Yes No
- Is the proposed HLS non-rectangular or non-planar? Yes No
- Is the proposed HLS structurally safe? Yes No
- Can the proposed HLS be made safe without substantially altering its historic appearance? Yes No

Check 'Yes' if narrative in the sign's Treatment Plan describes compliance with the following required criteria:

- The sign exemplifies the cultural, economic, and historic heritage of Tucson. Yes No
- The sign exhibits extraordinary aesthetic quality, creativity, and innovation. Yes No
- The sign is unique; or, originally associated with a local or regional chain; or, scholarly documentation exists supporting its preservation; or, a rare surviving example of a once common type. Yes No
- Has the sign been altered, removed and reinstalled, or replaced pursuant to Sec. 3-96.C.1? Yes No
- The sign retains and/or restores the majority of its character-defining features. Yes No

PART 2 PRE-SUBMITTAL INFORMATION

Have you attended a HLS pre-submittal conference with City staff? Yes No

Please indicate meeting date. _____

Have you had any contact with the registered neighborhood association in which the proposed sign would be located (if any), adjacent property owners, or the Scenic Arizona Coalition, regarding the proposed HLS? Yes No

Have you offered to meet and discuss the proposed HLS on a specified date and time with the registered neighborhood association in which the proposed sign would be located (if any), adjacent property owners, or the Scenic Arizona Coalition? Yes No

Did you conduct a neighborhood meeting? If yes, attach neighborhood meeting documentation (copy of the meeting invitation, mailing list, date of mailing, sign-in sheet, and summary notes from the meeting). Please indicate meeting date Yes No

PART 3 OWNER/APPLICANT INFORMATION

Owner _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Applicant or Agent _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Architect/Engineer _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

PART 4 TREATMENT PLAN REQUIREMENTS

For more information and examples of items listed below, please reference the *Application and Review Guidelines for Historic Landmark Signs* manual available through the Tucson Historic Preservation Office, or online at: <http://cms3.tucsonaz.gov/preservation/historicsigns/index.html>

13 sets of the following Treatment Plan materials must be submitted, folded to 8½” x 11”:

Description of Existing Sign Condition

- Existing color elevation, or color photo showing elevation of HLS
- Description of the age of construction materials and type of illumination
- Site plan
- Photographs of existing site conditions

Compliance with HLS Designation Guidelines

- Narrative describing compliance with each of the technical and cultural/historical/design guidelines
- List of character defining features
- Documentation of the sign’s historic authenticity (i.e. proof of age, materials, and location via permits, dated photographs, site plans, elevation drawings, etc.)

Maintenance Program

- Narrative describing plans for maintenance of the sign for future years
- Estimate of total lumens

Performance Requirements/Proposed Treatments

- Color elevation, or color photo-simulation, of proposed treatment
- Narrative description of compliance with performance requirements, specifically any proposed repair, restoration, adaptive reuse (change of copy), relocation, or replication (may include a combination of treatments).
- GPS coordinates of the final location (if different from current location)
- List of new parts/list of parts and materials to be replaced
- Mitigation measures to reduce impact on non-commercial uses within 300 feet, if applicable

Additional materials

- One (1) copy of the Pima County Assessor’s map of the subject parcel(s)
- Completed 207 Waiver
- Consent to access prior to demolition
- Appropriate fees payable to the City of Tucson
- Pre-submittal Conference Verification Sheet (optional)
- Documentation of neighborhood meeting (optional)

PART 5 SIGNATURES

I (We), the undersigned, request designation of the subject sign as a Historic Landmark Sign (HLS). I (We) represent that the information in this application and the supporting materials are true and accurate to the best of my (our) knowledge.

Owner’s signature

date

Applicant/Agent signature (requires letter of authorization from owner)

date

Architect/Engineer signature (requires letter of authorization from owner)

date