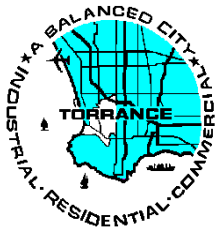


City of Torrance, Community Development Department Michelle G. Ramirez, Director
 3031 Torrance Blvd., Torrance, CA 90503, Phone (310) 618-5990 Fax (310) 618-5829

HISTORIC PRESERVATION COMMISSION

APPLICATION HPC ____ - _____

Mills Act Property Tax Program Supplemental Application									
STREET ADDRESS OF PROPERTY:				ASSESSOR PARCEL NUMBER:					
PROPERTY OWNER				APPLICANT					
PRINT NAME				PRINT NAME					
ADDRESS				ADDRESS					
(CITY, STATE & ZIP CODE)				(CITY, STATE & ZIP CODE)					
TELEPHONE NUMBER		EMAIL		TELEPHONE NUMBER		EMAIL			
SIGNATURE				SIGNATURE					
PROPERTY INFORMATION									
LANDMARK NAME (IF KNOWN):									
<input type="checkbox"/>	HISTORIC LANDMARK		<input type="checkbox"/>	HISTORIC DISTRICT		ORIGINAL CONSTRUCTION DATE:			
CURRENT USE (CHECK ONE)		<input type="checkbox"/>	SINGLE FAMILY	<input type="checkbox"/>	TWO-FAMILY	<input type="checkbox"/>	MULTI-FAMILY	<input type="checkbox"/>	COMMERCIAL/INDUSTRIAL
PROPOSED USE:									
OCCUPANCY (CHECK ONE):		<input type="checkbox"/>	RENTAL		<input type="checkbox"/>	OWNER OCCUPIED			
DATE OF PURCHASE BY CURRENT OWNER:									
PERSONS OF NOTE (PAST OWNER, OCCUPANT, CONTRACTOR, ARCHITECT):									
ARCHITECTURAL STYLE:									
SUBMITTAL REQUIREMENTS									
Property Maintenance and Rehabilitation Plan									
Mills Act Tax Assessment Worksheet									
Photographs 8" x 10" black & white prints & digital copies of entire property including building elevations; image shall be dated and labeled identifying the location and building feature,									
Site Plan drawn to scale, dimensioned, identify major site features									
Property Tax Bill copy of most recent property tax bill									
Grant Deed and Legal Description									
Title Insurance if property was purchased within three months of application submittal									
Structural Report prepared by a licensed structural engineer or architect dated within six months of application									
Application Fee									



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**HISTORIC PRESERVATION COMMISSION
APPLICATION HPC ____ - _____**

Mills Act Property Tax Program Supplemental Application

PROPERTY MAINTENANCE AND REHABILITATION PLAN

STREET ADDRESS OF PROPERTY:

ASSESSOR PARCEL NUMBER:

Describe the maintenance and rehabilitation work that will be completed in the next ten years on the property. Be specific as possible in describing work to be performed. Work may include exterior rehabilitation, plumbing, electrical and foundation repairs, but not interior remodeling work. (attach additional sheets if necessary)

WORK ITEM:

COMPLETION YEAR:

COST ESTIMATE:

DESCRIPTION OF WORK:

WORK ITEM:

COMPLETION YEAR:

COST ESTIMATE:

DESCRIPTION OF WORK:

WORK ITEM:

COMPLETION YEAR:

COST ESTIMATE:

DESCRIPTION OF WORK:

WORK ITEM:

COMPLETION YEAR:

COST ESTIMATE:

DESCRIPTION OF WORK: