



City of Summit Historic Preservation Commission
Preservation Award Nomination Form

Date: _____

Entrant Name: _____

Entrant Contact Information:

Address:

Telephone: _____

Email:

Address of Structure:

Property Type:

commercial residential institutional other - include description

Date of Construction:

Project Team:

Project Description: (use additional pages if needed, attach photography, architectural drawings, and details pertinent to the description of the project)

Return to Summit Historic Preservation Commission c/o Summit City Clerk, City Hall
512 Springfield Avenue, Summit NJ 07901