



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