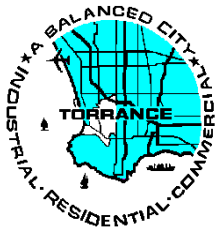


**City of Torrance, Community Development Department** Danny Santana, Director  
 3031 Torrance Blvd., Torrance, CA 90503, Phone (310) 618-5990 Fax (310) 618-5829

**HISTORIC PRESERVATION COMMISSION  
 APPLICATION HPC \_\_\_ - \_\_\_\_\_**

| <b>Mills Act Property Tax Program Supplemental Application</b>  |  |
|---|--|
| 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  |  |
| <b>Property Maintenance and Rehabilitation Plan</b>   |  |
| <b>Mills Act Tax Assessment Worksheet</b>   |  |
| <b>Photographs</b> 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, |  |
| <b>Site Plan</b> drawn to scale, dimensioned, identify major site features  |  |
| <b>Property Tax Bill</b> copy of most recent property tax bill  |  |
| <b>Grant Deed and Legal Description</b>   |  |
| <b>Title Insurance</b> if property was purchased within three months of application submittal   |  |
| <b>Structural Report</b> prepared by a licensed structural engineer or architect dated within six months of application   |  |
| <b>Application Fee</b>  |  |



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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: