

CLEVELAND LANDMARKS COMMISSION

LANDMARKS REGISTRY NOMINATION FORM

Applicants please complete page one of this form. Page two is for Commission Staff to complete.

PROPERTY INFORMATION

Name of Property:	Family Medicine Center		
Property Ownership:			
Address:	11709 Lorain Avenue		
Architect/Engineer:		Construction Date:	
Permanent Parcel #:		WARD:	19, Brady

NOMINATION CRITERIA

In considering the designation of any historic property (area, place, building, or group of buildings, structure, work of art or similar object) in the City as a landmark or landmark district, the Commission shall apply the following criteria with respect to such property (check all that apply):



X The historic property is listed on the National Register of Historic Places

- The historic property is eligible for listing on the National Register of Historic Places
- Its character, interest or value is part of the development, heritage or cultural characteristics of the City, State or the Х United States.

Its location is a site of a significant historic event.

Its identification is with a person who significantly contributed to the culture and development of the City.

Х The historic property exemplifies the cultural, economic, social or historic heritage of the City.

The historic property is identified with the work of a master builder, designer, architect, engineer or landscape architect whose work has influenced the development of the area, community, state or nation.

- The historic property embodies elements of architectural design, detail, materials, or craftsmanship which represent a significant architectural innovation.
- The historic property relates to other distinctive areas which are eligible for preservation activities, based on a historic, cultural, or architectural motif.
- The historic property's location or its singular physical characteristics represent the establishment or are a familiar visual Х feature of a neighborhood, community or City.

BRIEF STATEMENT OF SIGNIFICANCE

The landmarking of this structure is at the request of Councilwoman Dona Brady per letter dated May 19, 2004.

APPLICANT INFORMATION IF NOT COMPLETED BY COMMISSION STAFF

NAME:	Dona Brady, Cleveland City Council, Ward 19		
ADDRESS:	Cleveland City Hall, 601 Lakeside Avenue, Room 519, Cleveland, OH 44114		
PHONE:	216/664.3708 FAX:		
EMAIL ADDRESS:			
SIGNATURE/DATE:			



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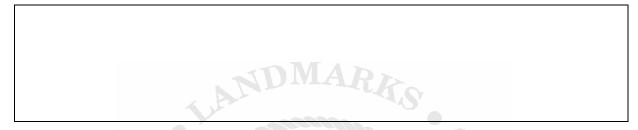
PROPERTY STATUS INFORMATION

Threatened by demolition or neglect.

Considered for new development.

Property is expected to remain in present condition.

NOTES



DETAILED PROPERTY OWNERSHIP INFORMATION

Include the name, address, and telephone number of all legal owners of record of the nominated property. If the property has more than two (2) owners, copy this form and complete for all property owners.

NAME: ADDRESS: PHONE:	VELLA	FAX:	SS
*****************	***********	*****	*****
NAME:			0
ADDRESS:			~
PHONE:		FAX:	7
*****	NOMINATION	TRACKING	*******
Staff has notified property owner(s) in writing		Date	
Staff has received notifications of receipt of letter		Date	
Property owner	supports nomination		
Council supports	nomination		
Public hearing scheduled for		Date	
Legislation is drafted		Date	
Legislation to Cit	ty Planning Meeting	Date	
Legislation to Cit	ty Council	Date	
Council Passes N	Iomination	Date	



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