





**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 \_\_\_\_ - \_\_\_\_\_**

**Integrity TMC 91.50.060 (b)** Historic Districts shall possess a significant concentration, linkage or continuity of sites, buildings, structures, or objects united historically or aesthetically by plan or physical development from a time period.

District type (check one):

- Geographic District**--at least 66% of the properties in the district shall be Contributing Resources. Contributing Resources shall be from the district's period of significance and have integrity per TMC Section 91.50.050 (b).
- Thematic District**--all properties in the district will be Contributing Resources and each will have sufficient integrity per TMC Section 91.50.050 (b).

Describe how the proposed district possesses integrity in accordance with TMC Section 91.50.060 (b) (attach additional sheets if necessary):

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**Character Defining Features** Identify the character-defining exterior architectural, site or landscaping features of the property under consideration (attach additional sheets if necessary):

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**Historic Context Summary** Provide architectural, cultural and historic information to establish that proposed district meets designation criteria of TMC Section 91.50.060 (attach additional sheets if necessary).

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**SUBMITTAL REQUIREMENTS**

- Property Owner Petition** written consent from 100% of affected owners of the proposed Historic District
- Survey Map** of the proposed district boundaries identifying parcels, addresses, and Contributing and Non-contributing structures.
- Application Fee**



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**Historic District Property Owner Petition** Written consent of not less than 100% of all affected owners of the proposed Historic District must be obtained in order for the district to be designated (attach additional sheets if necessary).

PROPERTY ADDRESS	PRINT NAME OF PROPERTY OWNER*	CONTACT INFORMATION	SIGNATURE OF PROPERTY OWNER	CONTRIBUTOR
		TELEPHONE: EMAIL:		Yes <input type="checkbox"/> No <input type="checkbox"/>
		TELEPHONE: EMAIL:		Yes <input type="checkbox"/> No <input type="checkbox"/>
		TELEPHONE: EMAIL:		Yes <input type="checkbox"/> No <input type="checkbox"/>
		TELEPHONE: EMAIL:		Yes <input type="checkbox"/> No <input type="checkbox"/>
		TELEPHONE: EMAIL:		Yes <input type="checkbox"/> No <input type="checkbox"/>
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		TELEPHONE: EMAIL:		Yes <input type="checkbox"/> No <input type="checkbox"/>
		TELEPHONE: EMAIL:		Yes <input type="checkbox"/> No <input type="checkbox"/>
		TELEPHONE: EMAIL:		Yes <input type="checkbox"/> No <input type="checkbox"/>

\*-If property is owned by a trust, corporation or other legal entity, an officer or trustee who is authorized may sign on behalf of the trust or corporation