



HISTORIC SITE AND MONUMENT COMMISSION

Board Review Checklist

Naming and Renaming of Public Property, Facilities, and Streets

HSMC reviews all historical markers, monuments, and public art on public property; markers, monuments, and public art visible from the public right-of-way on private property within all local historic districts; murals visible from the public right-of-way.

Applications that do not provide documentation or required materials will be noted as incomplete and may result in delays in the Commission or Staff's review of the application and/or denial of the request. Revisions made to the applications after the submittal deadline and prior to the Commission hearing may be continued to the following month's hearing. The Commission reserves the right to require additional information if it believes that the submission of such information is necessary to understand the nature of the intended activity.

Submissions will only be accepted when emailed to historic@thempc.org. Ensure the PDF file size does not exceed 10 MB. For questions, email preservationquestions@thempc.org or call 912-651-1440. Do not email questions to historic@thempc.org. If email is not available, contact the office for alternate arrangements.

NAMING AND RENAMING OF PUBLIC PROPERTIES, FACILITIES, AND STREETS

☐ **REQUIRED Pre-Application Conference:**

Date attended and with which staff member: _____

☐ Provide one (1) electronic copy of the entire submittal packet. (Email to historic@thempc.org – max PDF file size 10 MB)

☐ Page No. _____: Provide detailed explanation/history of chosen name. (select from following criteria):

☐ To strengthen neighborhood identity or cultural resources

☐ To recognize native wildlife or natural features

☐ Page No. _____: Ensure the following considerations have been made; provide documentation:

☐ The number of residents and businesses directly affected.

☐ Community diversity.

☐ The historical significance or pre-existing name or location.

☐ The appropriateness and compatibility of the request in relation to the existing area.

☐ The impact on emergency service delivery.

☐ Continuity and stability.

☐ Page No. _____: Provide a statement/official request for Naming or Renaming.

☐ Page No. _____: Provide documented support from neighborhood/community members.

☐ Page No. _____: Provide Alderman Endorsement. (must be of the District in which the naming/renaming request is located).

☐ Page No. _____: Provide a map of the location.

☐ Page No. _____: Provide commentary from City of Savannah Staff (City Managers Office).

SEE NEXT PAGE FOR SIGNATURE

Affidavit Certifying Completeness of Application:

I hereby acknowledge that I understand the requirements listed above for what constitutes a complete application. I have checked off each box and included a page number where the item is located. I confirm that the requirements for a complete application have been met.

Signature:_____ **Date:**_____

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A complete application submission consists of:

1. Complete, signed application
2. Complete, signed checklist(s) for each request
3. Checklist documentation

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