



City of Flagstaff

Community Development Division

211 W. Aspen Ave
Flagstaff, AZ 86001
www.flagstaff.az.gov

P: (928) 213-2618
F: (928) 779-7684

HPC-C

Date Received 8/28/25		Application to Heritage Preservation for a Certificate within an Overlay		File Number PZ-25-00175
Property Owner(s) Jim Wilson	Title	Phone 928-814-2202	Email grease-m@hotmail.com	
Mailing Address 519 W Birch Ave		City, State, Zip Flagstaff AZ 863001		
Applicant Brian O'Halloran	Title Sales	Phone 928-274-1880	Email bohallowan@surebuildaz.com	
Mailing Address 4141 Western DR		City, State, Zip Cottonwood AZ 86326		
Property Interest of Applicant(s) (Owner, contractual interest, or agent)				
Site Address 515 W Birch Ave		City, State, Zip Flagstaff AZ 86001		
Project Name				
Parcel Number(s)		Zoning District(s), including Overlays		
Property Information:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Listed individually on the National or Arizona Register of Historic Places? (Name: _____)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Located in a National Register Historic District? (Name: _____)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a structure on the property considered contributing to the District?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Located in a Historic or Landmark Overlay? (Name: _____)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the structure over 50 years old at the time of application?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this application include review of a sign in an overlay or the Central Sign District?		
Type of HPC Application Requested:	<input checked="" type="checkbox"/>	Certificate of No Effect (May be reviewed by the Heritage Preservation Officer or the Commission)		
	<input type="checkbox"/>	Certificate of Appropriateness (Must be reviewed by the Heritage Preservation Commission)		
	<input type="checkbox"/>	Certificate of Economic Hardship (Must be reviewed by the Heritage Preservation Commission)		
Note: Applications which are incomplete or not accompanied by the required information will not be accepted.				
Property Owner Signature: 		Date: 8/29/25	Applicant Signature: 	
			Date: 8/28/25	
Date Filed: _____		HPC Hearing Date: _____		
Fee Receipt #: _____		Amount: _____		Date: _____
Action by HPC:	<input type="checkbox"/> Consent Approval by HPO	<input type="checkbox"/> Denied		
	<input type="checkbox"/> Approved	<input type="checkbox"/> Continued		
	<input type="checkbox"/> Approved with Conditions	Staff Initial: _____		
		Date: _____		



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Project Description

REROOF

Tear off existing shingles down to deck
Install New OSB sheathing over existing Plank Deck (Warranty Purposes)
Install New Underlayment'
Install New Shingles

Explanation of how the project meets the applicable overlay and relevant sections of the Zoning Code

Empty box for explanation of how the project meets the applicable overlay and relevant sections of the Zoning Code.

Insert additional pages if necessary

ARIZONA STATE HISTORIC PROPERTY INVENTORY

IDENTIFICATION
SURVEY AREA NAME: Flagstaff Multiple Resource Area
HISTORIC NAME: _____ House
ADDRESS/LOCATION: 515 W. Birch
CITY/TOWN: Flagstaff
TAX PARCEL NUMBER: 100-17-19
OWNER: Willson, Robert D.
OWNER ADDRESS: P.O. Box 905

 Cornville, AZ 86325
HISTORIC USE: residence
PRESENT USE: residence
BUILDING TYPE: house
STYLE: N/A - American Traditional
CONSTRUCTION DATE: 1916-1935
ARCHITECT/BUILDER: _____
INTEGRITY: altered minor
CONDITION: good

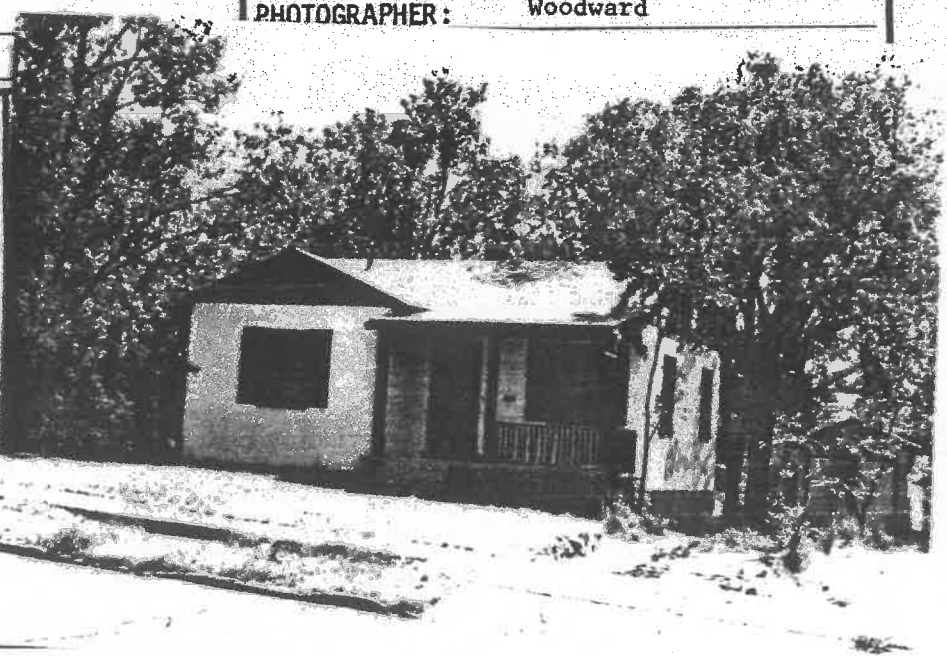
COUNTY: Coconino **SURVEY SITE:** 7-3
USGS QUAD: _____
 T _____ R _____ S _____ / _____ 1/4 OF THE _____ 1/4
 UTM _____

Description (contd.)
ROOF TYPE: gable
ROOF SHEATHING: asphalt shingles
EAVES TREATMENT: exposed rafters
WINDOWS: 6/6 double hung wood
ENTRY: offset/recessed - 2 lite/4 panel door
PORCHES: recessed entry with shed roof
STOREFRONTS: Not Applicable

DESCRIPTION
STORIES: 1 **DIMENSIONS:** (1) (w)
STRUCTURAL MATERIAL: CMU
FOUNDATION MATERIAL: CMU
WALL SHEATHING: stucco
APPLIED ORNAMENT: _____

NOTABLE INTERIOR: Unknown
OUTBUILDINGS: garage
ALTERATIONS: _____
PHOTOGRAPH
PHOTOGRAPHER: Woodward

SKETCH MAP:
 See Attached Survey Map





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Summary Statement of Significance:

National Register of Historic Places documentation or a Cultural Resource Study can be submitted in lieu of completing this page to demonstrate significance (attach additional pages as necessary).

The significance of a resource is generally based on its potential to contribute to our understanding of the past. An object, structure, site, place, or area is significant if:

- a. It is associated with events or persons in the architectural, engineering, archeological, scientific, technological, economic, agricultural, educational, social, political, military, or cultural annals of the City of Flagstaff, the State of Arizona, or the United States of America.
- b. It embodies distinctive characteristics of type, period, region, artistic values, or methods of construction, including being the oldest of its type or the best example of its type, or, if it represents the work of, or for, an important individual.
- c. A resource is generally not significant if it is less than fifty (50) years old, or, if the features, materials, patterns, and relationships that establish its significance are no longer present or no longer have integrity. The integrity of a resource is judged by how evident the general character of the significant period is, the degree to which the characteristics that define its significance are present, and the degree to which incompatible elements are reversible.

Original Construction Date: _____

Describe Previous Major Alterations (Include dates and changes of use):

Describe the Significance of the Resource (In terms of A. or B., and C., above):

Source(s) of Information Used:

Describe the Level of Integrity of the Resource (Existing and proposed):

