



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-CRS

Date Received		Application to Heritage Preservation for a Cultural Resource Study		File Number	
Property Owner(s) Ccapri Flagstaff LLC		Title	Phone 520-429-4256	Email jim@caprinc.com	
Mailing Address 6867 N Oracle STEE 101 Tucson AZ85704				City, State, Zip	
Applicant Capri Flagstaff LLC		Title	Phone 520-429-4256	Email jim@caprinc.com	
Mailing Address 6867 N Oracle STE 101 Tucson AZ 85018				City, State, Zip	
Property Interest of Applicant(s) (Owner, contractual interest, or agent) Owner					
Site Address 19 West Birch flagstaff AZ 86001				City, State, Zip	
Project Name Graduate Hotel					
Parcel Number(s) APN100-19-00-004A			Zoning District(s), including Overlays Historic Overlay- Downtown Overlay		
Property Information:					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Listed individually on the National or Arizona Register of Historic Places? (Name: _____)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Located in an existing Historic District? (Name: _____)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the structure every been inventoried or evaluated for the National Register?					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the structure over 50 years old at the time of application?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was all or a portion of the structure built before World War II as housing?					
Is the subject property: <input type="checkbox"/> Developed <input type="checkbox"/> Vacant Land?					
Type of HPC Application Requested: Cultural Resource Study Review - Please check all that apply:					
<input type="checkbox"/> Letter Report (May be reviewed by the Heritage Preservation Officer or the Commission)					
<input type="checkbox"/> Phase I (Must be reviewed by the Heritage Preservation Commission)					
<input checked="" type="checkbox"/> Phase II (Must be reviewed by the Heritage Preservation Commission)					
<input type="checkbox"/> Phase III (Must be reviewed by the Heritage Preservation Commission) May require redaction					
Note: Applications which are incomplete or not accompanied by the required information will not be accepted.					
Property Owner Signature: 		Date: 4/15/26		Applicant Signature: 	
				Date: 4/15/26	
For City Use					
Date Filed: _____			HPC Hearing Date: _____		
Fee Receipt #: _____			Amount: _____ Date: _____		
Action by HPC:					
<input type="checkbox"/> Consent Approval by HPO					
<input type="checkbox"/> Approved					
<input type="checkbox"/> Approved with Conditions					
<input type="checkbox"/> Denied					
<input type="checkbox"/> Continued					
Staff Initial: _____ Date: _____					

Description of the need for the Resource Study (i.e, demolition, alteration, grading, etc.)

Demolition of building to build new Graduate hotel.

Insert additional pages if necessary



City of Flagstaff
 Community Development Division
 Building Safety & Code Compliance Section
 211 W. Aspen Avenue
 Flagstaff, AZ 86001

Phone: (928) 213-2627 Email: Buildingpermits@flagstaffaz.gov

OWNER AUTHORIZATION FORM

I (property owner) do hereby authorize Capri Flagstaff LLC Jim O'Connell
Agent's Name and Company (if applicable)
 to act on my behalf for improvements at 19 W Birch Ave
Property Address / Suite / Unit

and to obtain building permit(s) on my behalf for the work specified below. If the property has more than one owner, I certify that I have authority to provide this authorization on behalf of all owners.

Residential:

<input type="checkbox"/>	New Build / SFR
<input type="checkbox"/>	Addition (attached)
<input type="checkbox"/>	Roof
<input type="checkbox"/>	Demolition
<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Gas
<input type="checkbox"/>	Electrical

<input type="checkbox"/>	Remodel
<input type="checkbox"/>	Accessory (detached)
<input type="checkbox"/>	Manufactured Home / Park Model
<input type="checkbox"/>	Solar System
<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Fence / Walls
<input type="checkbox"/>	Other (specify):

Commercial:

<input type="checkbox"/>	New Build
<input type="checkbox"/>	Addition (attached)
<input type="checkbox"/>	Roof
<input checked="" type="checkbox"/>	Demolition
<input type="checkbox"/>	Gas
<input type="checkbox"/>	Sign
<input type="checkbox"/>	Site Improvements
<input type="checkbox"/>	Cell Tower

<input type="checkbox"/>	Tenant Improvements
<input type="checkbox"/>	Accessory (detached)
<input type="checkbox"/>	Modular Building
<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Fence / Walls
<input type="checkbox"/>	Change in Occupancy
<input type="checkbox"/>	Other (specify):

By signing this Form, I acknowledge and agree that I am not released from responsibility for: (1) the payment of any and all fees associated with the issuance of any permits, orders, notices, or other approvals ("Approvals") by the City of Flagstaff pursuant to my agent's application; (2) the satisfactory completion of all work authorized by such Approvals in compliance with all applicable county, state, and federal laws, codes, rules, regulations, and requirements; and (3) correcting any violations of the terms and conditions of such Approvals issued by the City of Flagstaff pursuant to my agent's application.

Property Owner's Signature:

Printed Name: Jim O'Connell
 Signature: [Handwritten Signature]
 Phone: 520-429-4256
 Email: Jim@capriinc.com Date: 4/15/26