

JOE LOMBARDO
Governor

STATE OF NEVADA



Address Reply to:
901 S. Stewart St, Suite 3002
Carson City, NV 89701
Phone: (775) 684-3448

Chairman
YALE YEANDEL

Vice Chairman
ANTHONY TIMMONS

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ROCHANNE DOWNS
MAGGIE FARRELL
MICHELLE SCHMITTER

DRAFT

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
COMMISSION FOR CULTURAL CENTERS AND HISTORIC PRESERVATION

Attachment A

XXXXXX
XXXXXX
XXXXXX

Re: Annual Reminder of existing Covenants Agreement for property known as XXXXXXXXXXXXXXXXXXXXX.

Dear:

Our records indicate that the xxxxxxxxxxxxxxxxxxxxxx is the current owner of the above referenced property. If you are not the current property owner, please provide this office with information of current property ownership.

The Covenants that have been recorded on the property deed expire XXXXXXXXXXXX. As a reminder, the Covenants stipulate that no visual or structural alterations will be made to the property without prior written permission from the State Historic Preservation Office.

Enclosed is the Request for Permission form that the current property owner or representative of the organization is required to submit before the initiation of any visual or structural alterations, inside or out, including the property grounds. Any work found to be completed without approval from the SHPO may be reported to the Commission.

Also enclosed is the new Annual Monitoring Report. This report asks you to provide information and photographic documentation about the current state of the property. The completion and submission of this form and the required photos will become baseline documentation for our covenant files. This documentation will also help the SHPO to identify potential areas of concern where future projects may be needed to ensure the proper maintenance of the historic property as required by covenant.

The Annual Monitoring Report should be completed and returned to the SHPO office within 30 days of receipt.

If you have any questions or concerns, please contact the SHPO office at ccchp@shpo.nv.gov or by phone at (775) 684-3448.

Sincerely,



Grace Goedeker
SHPO Programs Supervisor/ Architectural Historian

Enclosures

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**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
COMMISSION FOR CULTURAL CENTERS AND HISTORIC PRESERVATION**

Annual Monitoring Report

Historic Property Name: _____ Listed: NRHP SRHP
Property Owner Name and Address: _____
Organization: _____ Grant #: _____
Property Contact: _____
Mailing Address: _____
City: _____ County: _____ ZIP: _____

Individual Submitting Report (Name/Title): _____
Phone: _____ Email: _____

Number of Visitors (Most Recent Calendar Year): _____

Has this resource changed ownership in the past year? Yes No

If yes, new owner information _____

Did you make any alterations to the property in the past year? Yes No

If yes, did you submit a Request for Permission? Yes No

If no, please fill out [Request for Permission](#) (noting the work has been done)
and submit to send to CCCHP@shpo.nv.gov or mail to:

**State Historic Preservation Office
901 S Stewart St., Ste 3002
Carson City, NV 89701**

Did you receive any grants from the NV SHPO in the past calendar year?

If yes: What is your grant number? _____

Are you up to date on your reports? Yes No

Did you receive any other grants in the past calendar year?

If yes, what grant did you receive and what was it for?

Condition Assessment

This assessment is to remind and encourage you to look at your historic property and take note of the condition in order to ensure the property is being maintained per the covenant requirements.

Please note any deteriorated areas or areas of concern (if any). If there are, is there a known cause for these conditions? Are there plans to remedy the observed issues? (Please describe): _____

Please check the boxes below to indicate you have completed a visual inspection of the listed building elements. Note any issue in the space provided above or on an attached sheet.

- Roof:** (Check downspouts, flashing, gutters, valleys) Look for broken, cracked, loose, missing, rusting, sagging or warping materials, biological growth
- Exterior Siding/Masonry:** (Check eaves, cornices, siding, trim) Look for flaking paint, rot/deterioration, leaning walls, staining, biological growth or mildew
- Foundation:** Look for moisture penetration, cracks, spalling, loose mortar, bowing, shifting stones, rain backsplash
- Decks, Porches, Balconies, Entries:** (Check floors, piers, roofs, railings, stairs) Look for loose/deteriorated components, porch slope/settling, insecure railings/stairs, rotted thresholds, backsplash
- Windows, Doors, Vents:** (Check frame, glass, sill, sash, putty, seals, shutters, storms) Look for water/air seepage, condensation, cracked panes, rotted sashes, sticking doors or windows
- Paint:** Look for flaking, blistering, weathering
- Interior Walls and Ceilings:** (Check areas around windows/doors) Look for cracks, chips, stains, dampness/mold, loose paint/wallpaper, sagging/leaning
- Interior Floors:** Look for warping, damage, sagging/bouncing, excessive wear
- Attic/Basement:** (Check chimneys, eaves, foundation, floors) Look for water staining/standing, vermin/insect infiltration, bowing rafters, poor insulation, venting, or vapor barrier, mold odor
- Systems:**(Check sinks/toilets, plumbing, heating, electrical, switches, outlets, thermostats, smoke detectors) Look for Leaking, blocked registers/filters, fraying wires, working fire extinguishers

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Photographs

Please include recent photographs of the front, back and both sides of the historic structure. Photographs should be taken head on, all edges of the structure should be in frame. If work has been done, please include any photos of the areas of work.

These photos may be submitted digitally as an email attachment. If you plan to mail back the form please send an email to CCCHP@shpo.nv.gov with the requested photos.