



REHABILITATION/RESTORATION/MAINTENANCE PLAN

Use this template to create a detailed work plan to be completed in the first 10 years of the contract. Recall that all work must be consistent with the Secretary of the Interior's Standards for Rehabilitation (see Application Guide Appendices), and properties which have already been fully rehabilitated or restored, and do not need additional work, are not eligible. Work that is visible from the public right-of-way, corrects any critical systems or structural deficiencies, and preserves historic features of the property should be given first priority. Duplicate this form as needed or provide additional sheets to include all work plan items. **Remember that all exterior work on historic properties requires prior City approval through a Certificate of Appropriateness, and that any unpermitted work could be subject to fines, penalties, or might have to be modified, removed or redone at owner expense.**

Property Name and Address: _____

<p>Item No.: _____</p> <p>Building Feature:</p> <p>_____</p> <p>Completion Year: 20 _____</p>	<p>Detailed description of work:</p>
<p>Plan to Use Long Beach Vendors For Materials/Labor:</p> <p><input type="checkbox"/> Yes (If Yes, specify/list) <input type="checkbox"/> No</p>	<p>Specify/list:</p>
<p>Item No.: _____</p> <p>Building Feature:</p> <p>_____</p> <p>Completion Year: 20 _____</p>	<p>Detailed description of work:</p>
<p>Plan to Use Long Beach Vendors For Materials/Labor:</p> <p><input type="checkbox"/> Yes (If Yes, specify/list) <input type="checkbox"/> No</p>	<p>Specify/list:</p>

Property Name and Address: _____

Item No.: _____ Building Feature: _____ Completion Year: 20 _____	Detailed description of work:
Plan to Use Long Beach Vendors For Materials/Labor: <input type="checkbox"/> Yes (If Yes, specify/list) <input type="checkbox"/> No	Specify/list:
Item No.: _____ Building Feature: _____ Completion Year: 20 _____	Detailed description of work:
Plan to Use Long Beach Vendors For Materials/Labor: <input type="checkbox"/> Yes (If Yes, specify/list) <input type="checkbox"/> No	Specify/list:
Item No.: _____ Building Feature: _____ Completion Year: 20 _____	Detailed description of work:
Plan to Use Long Beach Vendors For Materials/Labor: <input type="checkbox"/> Yes (If Yes, specify/list) <input type="checkbox"/> No	Specify/list:

Property Name and Address: _____

Item No.: _____ Building Feature: _____ Completion Year: 20 _____	Detailed description of work:
Plan to Use Long Beach Vendors For Materials/Labor: <input type="checkbox"/> Yes (If Yes, specify/list) <input type="checkbox"/> No	Specify/list:
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Property Name and Address: _____

Item No.: _____ Building Feature: _____ Completion Year: 20 _____	Detailed description of work:
Plan to Use Long Beach Vendors For Materials/Labor: <input type="checkbox"/> Yes (If Yes, specify/list) <input type="checkbox"/> No	Specify/list:
Item No.: _____ Building Feature: _____ Completion Year: 20 _____	Detailed description of work:
Plan to Use Long Beach Vendors For Materials/Labor: <input type="checkbox"/> Yes (If Yes, specify/list) <input type="checkbox"/> No	Specify/list:

NOTE: Please ensure that the current condition of all building features proposed for rehabilitation/restoration/maintenance as part of this work plan are clearly photographed or otherwise documented and labelled as required, and submitted with the Mills Act Application (see Application Guide page 10).

To request this information in an alternative format or to request a reasonable accommodation, please contact the Development Services Department at longbeach.gov/lbds and 562.570.3807. A minimum of three business days is requested to ensure availability; attempts will be made to accommodate requests with shorter notice.



MATRIX OF CONDOMINIUM OWNERSHIP INFORMATION
(Required for multi-tenant ownership properties only)

Condominium buildings must have 100% owner participation to be eligible for consideration. Please list **ALL** legal parcels associated with the property (common and privately held), and indicate the respective owner(s) [Home Owners Association (HOA) or individual(s)]. Corresponding Application Forms must be submitted by the HOA's authorized agent(s) and each of the individual unit owners. Duplicate this page as needed to include all legal parcels.

Property Name and Address: _____

Unit Number	Assessor's Parcel Number	Owner(s) Name(s)	App. Form Attached











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