

Stoneham Historical House Marker Program Application



Contact Information

Building Address: _____

Property Owner: _____

Applicant Name (if different from owner): _____

Mailing address (if different): _____

E-mail address: _____

Telephone (day/evening): _____

Building Information to be placed on plaque

Year of construction: _____ or Circa year of construction: _____

Please choose one: Built for / Home of

Name of original homeowner(s) or alternate name on plaque:

Significance of alternate name: _____

Occupation of original homeowner (optional): _____

To be placed at bottom of each plaque: **Stoneham Historical Commission**

Comments: _____

Please enclose check for \$55 made payable to Gamit Signs and mail to:
Stoneham Historical Commission, 35 Central Street, Stoneham MA 02180