



Historic Resources

20__ Annual Monitoring Report

Historic Resource Name: _____

Historic Resource Location: _____

Stewardship Agreement Expiration Date: _____

Organization: _____

Individual Submitting Report: _____ Title: _____

Phone: () _____ Office Home Cell

Date Monitored: _____ Email: _____

Has the project contact changed in the last year? Yes No If yes, update below:

Name: _____ Title: _____

Phone: () _____ Office Home Cell Email: _____

- This report **must be submitted** to LCHIP along with all required photographs by **December 31st**
Mail to: LCHIP, 3 N Spring Street, STE 100, Concord NH 03301 or email to gborn@lchip.org
- Please feel free to **use additional pages** if there is not sufficient space on this form.

The checklist below is to remind and encourage you to look at your historic resource as a whole on an annual basis and to note the condition of the following elements (if applicable). This is not a comprehensive list and building elements specific to your resource should be addressed as applicable:

Foundation – Look for moisture penetration, cracks, spalling

Windows and Doors – Check for water seepage, cracked panes, rotted sash, etc.

Wood (Including siding, trim, eaves, cornice, etc.) – Look for rot, flaking paint, deterioration

Paint – Check for flaking, blistering, weathering

Masonry (Including walls, chimneys, etc.) – Check for cracks, missing mortar, damaged brick or stones, etc.

Interior Walls and Ceilings – Visually inspect for cracks, chips, stains and loose paint/wallpaper

Roof (Including flashing, gutters and downspouts) – Check for missing, cracked, broken or loose materials

Interior Floors – Inspect for warping, excessive wear, damage

Please use the space provided below to make note of your observations of the above items with a brief description of the condition and its location (i.e., peeling paint on north elevation below roofline). In areas where problems are observed, are there plans to remedy the problems?

Please complete and return to LCHIP, 3 N Spring Street, STE 100, Concord, NH 03301

Historic Resource Name: _____

What is the overall observed condition of the resource?

Excellent Good Fair Poor

Please describe:

Did you observe any major additions or modifications to the resource?

Yes No

Document with Photos and Describe:

Did you observe any violations of the terms of the Stewardship Agreement?

Yes No

Document with Photos and Describe:

Did you observe any other issues or areas of concern?

Yes No

Document with Photos and Describe:

Is LCHIP signage present, and if so was it in an area easily viewed?

Yes No

Describe where the plaque is mounted and attach a photo on Page 4.

Historic Resource Name: _____

Please provide the following information about completed and anticipated projects, organizational structure, and media coverage.

1. Project(s) completed during past year (Summarize briefly what, if any, work you've done to the resource over the past year. For example – You replaced the roof). Please describe if project(s) required LCHIP approval and if so, when that approval was obtained.

2. Project(s) planned for next year (Summarize briefly what, if any, work you have planned to undertake on the resource in the upcoming year. For example – Front landscaping work and improvements to the parking area will be done in the upcoming year.) According to your Stewardship Agreement, will the work constitute maintaining and repairing the resource strictly according to the Secretary of Standards? Or will it involve other activities requiring prior express written approval of LCHIP?

3. Organizational update (Summarize briefly any significant changes that have occurred in your organization in the past year. For example - new President or Chair of the Board with contact info, major fundraising efforts undertaken or planned, or a new tenant has moved in.):

4. Media attention the resource has had over past year, or is upcoming (Briefly summarize any media attention you have received in the past year or plan to receive in the coming year.) We might like to include this in our e-newsletter.

Additional comments:

Historic Resource Name: _____

The report will not be considered complete without the following attachments:

Exterior photograph showing the primary elevation and, if possible, a second side of resource

Photograph of LCHIP plaque

Certificate of Insurance

Please include any additional photos as an attachment.

Signature _____ Date _____

Print name _____ Time spent (pre-visit, on-site & post-visit) _____