State Historical Society of North Dakota Historical Marker Program Application

Appendix A: Permissions

The following signatures are required prior to final approval of a new Historical Marker.

- 1. Property owner Agreement
- 2. Funding Agreement
- 3. Maintenance Agreement

I. Property Owner for location of the Marker Installation

Owner statement of approval:		
•	oresentative of the owner, of the Official North Dakota Historical M	• • •
Name of the Property Owner: (Click here to enter text.	
Street Address: Click here to ent	er text.	
City: Click here to enter text.	State: Click here to enter text.	Zip Code:
Contact person (if different from	m the property owner) Click here	e to enter text.
Daytime Telephone: Click here t	o enter text. E-mail:	
☐Private (Individual)	□Public (L	ocal)
☐Private (For Profit)	□Public (S	State)
☐Private (Non Profit)	□Public (F	ederal)
	e to terms stated above and cer on behalf of the above named p	-
Owner (or Representative) Sig	nature	Date Click here to enter text.
Printed Name: Click here to ente	er text.	

II. Funding Agreement

Agreement to Fund:

As the sponsor of the Historical Marker I/we understand that the sponsor is responsible for funding the historical marker, including its purchase and other costs associated with the installation of the marker. I/we agree to provide funding for the purchase, manufacture and installation of this marker.

Name of the Sponsor: Click here to enter text.

Street Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip Code:

Contact person (if different from the property owner) Click here to enter text.

Daytime Telephone: Click here to enter text. E-mail: Click here to enter text.

By my signature I hereby agree to terms stated above and certify that I have the authority to enter into such an agreement on behalf of the above named party.

Representative Signature

DateClick here to enter text.

Printed Name: Click here to enter text.

III. Maintenance Agreement

Long Term Maintenance agreement:

The following person or organization is responsible for the maintenance and upkeep of the Herman Stern Historic Marker. I/we agree to monitor and maintain the marker by cleaning and/or retouching paint as necessary. If vandalized the marker must be replaced or removed.

Name of the Person/Organization responsible for maintenance: Click here to enter text.

Street Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip Code:

Contact person (if different from the property owner) Click here to enter text.

Daytime Telephone: Click here to enter text. E-mail: Click here to enter text.

By my signature I hereby agree to terms stated above and certify that I have the authority to enter into such an agreement on behalf of the above named party.

Representative Signature

DateClick here to enter text.

Printed Name: Click here to enter text.

State Historical Society of North Dakota Historic Marker Program Approval

We find that the attached application for the installation of the Historic Marker is acceptable and that all necessary documentation has been provided. We further find that the subject of this marker is of significance and hereby approve the purchase and installation of the marker in the location designated in this application.

Signature of Historic Marker Program Coordinator

DateClick here to enter text.

Printed Name: Lisa L. Steckler