## APPLICATION TO THE HISTORIC LANDMARKS COMMISSION

## Wausau, Wisconsin for a

## CERTIFICATE OF APPROPRIATENESS

An application is hereby made for issuance of a Certificate of Appropriateness under City of Wausau Historic Landmarks Ordinance for proposed work as described below and on plans, drawings and photographs accompanying this application. (This application provides information supplemental to the building permit application form and only applies to landmarks, historic sites, and properties within a designated historic district.)

Property Owner's Name:	
Property Owner's Home Address:	Zip
Daytime Telephone No.:	
Address of Subject Property:	
Name/Address/Phone Number of Applicant:	Zip
(if different from property owner)	Phone:
PLEASE SUBMIT THE FOLLOWING TO THE CITY INSPECTAPPLICATION:	TIONS DEPARTMENT WITH THIS COMPLETED
<ul> <li>* Three full size copies of the plan(s) at a scale of one inch equals one foot.</li> <li>* Recent photo(s) showing the entire building and others shown that the photo(s) of the building, if available.</li> <li>* Photo(s) of other buildings showing details similar to those Building permit application.</li> </ul>	owing detail of area(s) proposed to be changed.
DETAILS OF PROPOSED WORK. Please check or fill in the blimpacted by the proposed work. On the reverse side of this applic proposed work.	_
1. New Construction including additions to an existing structure:  2. Demolition of structure or portion thereof:  3. Foundation:  4. Chimney: Brick, Stone, Wood, Other  5. Garage Doors: Wood, Metal, Fiber Glass  6. Skylight: Type, Size  7. Roof Pitch:, Dormer Pitch:, Constituting Material: Asphalt, Wood, Tile,  8. Roofing Material: Asphalt, Wood, Tile,  9. Exterior Wall Material(s): Wood siding:(width), Aluminoum  10. Gutter Material:, Size  11. Window Style (size): Double Hung, Casement  12. Glass Type: Full Pane, Divided Panes, Leaded  13. Storm Window Glass: Clear, Tinted, Other	
15. Door Type: Front, Other,  16. Storm Door Type: Front, Other,	Material, Style
17. Other (Specify):	(over)

DESCRIBE IN GENERAL TERMS THE NATURE OF WORK TO BE COMPLETED (please print and attac additional sheets if necessary):
(PLEASE DO NOT WRITE BELOW THIS LINE)
CERTIFICATE OF APPROPRIATENESS
If approved, this certificate is valid for 12 months from date of issuance. It may be renewed by contacting the Cit Inspections Department. No alteration may be made which differs from the approved application, plans, an conditions, if any.
Application Number:
Building Status: Contributing Noncontributing
Approved as Proposed:
Approved with Conditions:
Disapproved:
(If you wish to appeal the Commission's decision, please contact the City Clerk.)
Date:
(Historic Landmark's Commission Chairman or Designee)
COMMENTS OR CONDITIONS FOR APPLICANT/CERTIFICATE: