APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

To the Historic Preservation Commission of the City of Galesville, Wisconsin:

I hereby make application for a Certificate of Appropriateness for alteration, rehabilitation, construction, reconstruction or demolition of a historic structure, site or any improvement in a historic district.

Please answer the following questions:

Name of Applicant: _____

Address: _____

Telephone: _____

Date of Application: _____

Please attach a copy of the plan.

List below the type of alteration, rehabilitation, construction, reconstruction or demolition that will be done.

_____

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Signature: _____