

CERTIFICATE OF APPROPRIATENESS APPLICATION

Please print

1. Address of property: _____

2. Name and address of owner:

Names(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone (area code & number) _____

3. Description of Project: Describe all proposed work and the materials being used for the alteration. Attach photographs of the building and/or sketches of proposed work.

4. Signature of applicant:

_____ Date _____

Historic Preservation Commission meeting date: _____

City Clerk's Office
201 W Oak Street
Sparta, WI 54656

PHONE: (608) 269-4340 Option 2 FAX: (608) 269-5046

www.spartawisconsin.org

This form and all supporting documentation MUST arrive by the Wednesday before the Historic Preservation Commission meeting. Please call if you have any questions.