



APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

CITY OF EVANSVILLE HISTORIC PRESERVATION COMMISSION
31 S. Madison St, PO Box 76, Evansville, WI 53536

\$0.00
Application
Fee

This is a request for issuance of a Certificate of Appropriateness (COA) by the Historic Preservation Commission (HPC) for work proposed to be performed on the exterior of a structure located in any Historic District or designated by the City of Evansville as a historic building or historic site. Complete all sections of this form, it is used to determine if staff approval of work can be done, or if it requires commission review. **Please contact the Community Development Director, Jason Sergeant, at: (608)-882-2285 or jason.sergeant@ci.evansville.wi.gov to obtain assistance in completing this form.**

SECTION	APPLICANT AND PROPERTY OWNER INFORMATION	
1	Applicant name:	Date received:
	Historic property AHI number:	Parcel Number: 6-27-_____
	Historic property address:	Parcel Tax ID Number: 222 _____
		Phone:
		Email:
	Owner name (if different from above):	Owner Phone (if different):
Owner address (if different from above):	Owner Email (if different):	

INSTRUCTIONS: Complete this entire form and submit to City Hall the following:

- Application Form with attachments (as outlined in Section 5):**
 - Clear photo(s) of any portion of the property that will be affected by the work
 - Historic photograph (if available)
 - Exterior elevations or sketches of existing conditions and proposed work
 - Samples or specifications of proposed materials
 - Site plan (if applicable)
- Sign Application (if applicable)

All applications for HPC review are to be submitted ten (10) days prior to the HPC meeting. The HPC typically meets on the third Wednesday of each month at 6:30pm in City Hall. Applicants are encouraged to appear in person or by authorized representative.

Thank you for helping to value and protect "one of the most intact nineteenth century townscapes in southern Wisconsin" and "the finest collection of 1840s – 1915 architecture of any small town in Wisconsin" – Wisconsin State Historic Society

SUBMITTED BY: _____ **DATE:** _____
Owner/Applicant Signature

SECTION	PROPOSED WORK CHECKLIST	
<h1>2</h1>	Please Check all boxes that apply and provide more detail in Sections 3 and 4	
	Work Category	Work category details
<input type="checkbox"/> Roofing	<input type="checkbox"/> Replacement <input type="checkbox"/> Minor repair	<input type="checkbox"/> shingles only <input type="checkbox"/> soffit, fascia, or trim work <input type="checkbox"/> matching existing materials <input type="checkbox"/> change of materials (EG, replacing asphalt with metal)
<input type="checkbox"/> Gutters	<input type="checkbox"/> New or Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	<input type="checkbox"/> Change of materials <input type="checkbox"/> Match existing <u>historic</u> materials (metal, etc.) <input type="checkbox"/> Use new <u>modern</u> materials (vinyl, etc.)
<input type="checkbox"/> Siding	<input type="checkbox"/> Minor Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Change of materials <input type="checkbox"/> Match historic materials (Wood, cement board, etc.) <input type="checkbox"/> Use modern materials (Plastic, Vinyl aluminum, etc.)
<input type="checkbox"/> Exterior windows and doors	<input type="checkbox"/> Add new <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	<input type="checkbox"/> Change in Dimension or location (Height, Length) <input type="checkbox"/> Match Historic materials (Wood, Metal, Glass, etc.) <input type="checkbox"/> Use modern material (Plastic, Vinyl aluminum, etc.) <input type="checkbox"/> Removal, covering or alteration of original trim
<input type="checkbox"/> Fences	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Use new modern materials (vinyl, aluminum, etc.) <input type="checkbox"/> Matching historic materials (Wood, Stone, etc.)
<input type="checkbox"/> Porch	<input type="checkbox"/> Minor Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Removal <input type="checkbox"/> Add new	<input type="checkbox"/> Match historic material (Wood, Metal, etc.) <input type="checkbox"/> Use new modern material (Plastic, Vinyl aluminum, etc.) <input type="checkbox"/> Column, Railing or Skirting <input type="checkbox"/> Decking
<input type="checkbox"/> Sidewalk or paving	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> Recreating <input type="checkbox"/> Matching existing materials
<input type="checkbox"/> New Construction	<input type="checkbox"/> addition <input type="checkbox"/> new building <input type="checkbox"/> façade alteration	<input type="checkbox"/> Recreating missing architectural features <input type="checkbox"/> Removing architectural features
<input type="checkbox"/> Signage and Exterior Lighting	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> <u>Please also complete and attach a sign application.</u> <input type="checkbox"/> New Alternative Materials <input type="checkbox"/> Matching Existing Materials
<input type="checkbox"/> Other	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	<input type="checkbox"/> New modern Materials <input type="checkbox"/> Match Existing Materials <input type="checkbox"/> Removal or altering of original architectural details <input type="checkbox"/> _____

SECTION	PROPOSED WORK SUMMARY
3	<p>For each Item that was checked in Section 2, please summarize the work proposed to be done. (If changing the location, product, or material of the existing structure, describe the material's type, color, quality, and reason for change. If providing attachments of products, materials, or construction specifications please refer to the applicable attachment.)</p>

SECTION	SUPPLEMENTAL QUESTIONS
4	<p>Will the proposed work alter any of the distinctive features or historic architectural details of the property?</p>
<p>Please describe how the proposed work will conform to the Standards and Guidelines of the Secretary of the U. S. Dept. of the Interior for the Rehabilitation of Historic Properties (available at www.nps.gov/tps/standards/rehabilitation.htm and at City Hall.)</p> <p>Adherence to the Standards and Guidelines will help assure your property will be eligible for the certification required for available state and federal tax credits.</p>	

SECTION	REQUIRED ATTACHMENTS
5	<p>Please attach the following required items using the space below or additional sheets as necessary, Each attachment should be marked with an exhibit number:</p> <ul style="list-style-type: none"><input type="checkbox"/> Clear photo(s) of any portion of the property affected by the work<input type="checkbox"/> Historic photograph (if available)<input type="checkbox"/> Exterior elevations or sketches of existing conditions and proposed work<input type="checkbox"/> Samples or specifications of proposed materials<input type="checkbox"/> Site plan (if applicable)<input type="checkbox"/> Additional attachments that may assist in understanding the proposed work

EXHIBIT: _____	
-----------------------	--



**DECISION FORM FOR
CERTIFICATE OF APPROPRIATENESS**
CITY OF EVANSVILLE HISTORIC PRESERVATION COMMISSION
31 S. Madison St, Evansville, WI 53536

This decision form will be completed by the chair of the HPC or the Community Development Director.

Certificate of Appropriateness Decision Criteria:

The Historic Preservation commission is authorized to grant certificates of appropriateness when the standards found in section 62-36(10) of the municipal ordinances are met:

- The proposed work does not have an adverse effect on the immediate site*
- The proposed work does not have an adverse effect on adjacent properties*
- The proposed work does not have an adverse effect on the entire district*
- Historic character is preserved*

Describe reasons why proposal does or does not meet each standard (include notes):

Certificate of Appropriateness is hereby:

- Approved**
- Not approved**
- Approved with conditions:**

Approved by: _____
Community Development Director or HPC Chairperson Signature

Date: _____

HISTORIC PROPERTY INFORMATION	
Historic property address:	Parcel Number: 6-27-_____
Historic property AHI Number:	Tax ID Number: 222 _____

SECTION	SUPPLEMENTAL ATTACHMENTS
---------	--------------------------

5

Use this sheet to attach any additional items. **Each attachment should be marked with an exhibit number.**

EXHIBIT: _____	
-----------------------	--