APPLICATION FOR CERTIFICATE OF APPROPRIATENESS
CITY OF WAUPACA, WISCONSIN

Date_____

Owner's Name_____
Mailing Address_____

Name of Property Affected_____
Address of Property Affected_____
Parcel Number(s)_____

Alterations to be Done_____

(PLEASE SUBMIT A DETAILED DRAWING OF CHANGES REQUESTED)

Method of Completion_____

Expected Completion Date_____

(FOR OFFICE USE)
*Filed*_____
*Fee*_____
*Receipt No.*_____

HISTORIC PRESERVATION COMMISSION RECOMMENDATIONS

Date Application Submitted_____

Date of Commission Meeting_____ Time_____

As a result of the action of the City of Waupaca Historic Preservation Commission, the Certificate of Appropriateness is granted / denied / tabled.

Voting: _____Ayes _____Nays

Reason for Action_____

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Chairperson