

CERTIFICATE OF APPROPRIATENESS
City of Menomonie

Upon receipt of an application for a Certificate of Appropriateness, the Menomonie Historic Preservation Commission met on the date identified below and took action on the application. In taking action on the application, the Commission gave consideration to the criteria listed in Chapter 21.XXXII of the Menomonie City Code entitled "HISTORIC PRESERVATION COMMISSION" and the standards contained in any applicable district plan.

The following shall be submitted to the office of Main Street Menomonie, 342 Main Street, Menomonie, WI 54751, **seventy-two (72) hours prior to the meeting date of the Historic Preservation Commission:**

1. Two (2) copies of photographs of all exterior building elevations taken perpendicular to the building. One copy to be placed in the Historic Preservation Commission archives.
2. Submit one (1) set of photographs when project is complete to be placed in archives. If applicant permits, Historic Preservation Commission will use photos for a press release to local newspaper.
3. Hard line drawings which convey how the project will look when completed.
4. Colors from the approved color palette shall be indicated on the drawings.
5. Building materials proposed to be used shall be indicated on the drawings.
6. If the project involves restoration or cleaning, submit description of work, procedures, and extent of work.
7. If a sign is to be lit, provide description and photocopy of fixture.

APPLICANT'S NAME: _____

ADDRESS: _____

PHONE: _____

NAME OF HISTORIC PRESERVATION BUILDING: _____

ADDRESS OF BUILDING: _____

DESCRIPTION OF WORK: _____

CONTACT PERSON: _____

I hereby certify that I understand the conditions of approval required by the Historic Preservation Commission and that the project will be completed as approved by the Commission. In addition, I agree to notify the City about changes proposed in the project prior to commencing such work and understand that if deemed necessary by City staff, that the proposed changes will be forwarded to the Commission for further review.

Applicant or Representative: _____

Owner or Verified Property Manager: _____

* **This Certificate of Appropriateness signed on this date is valid for work completed in the next 12 months.**

☐ **Approved by Commission**

☐ **Not approved by Commission**

MEETING DATE: _____

CONDITIONS OF APPROVAL REQUIRED BY HISTORIC PRESERVATION COMMISSION:

Chairperson