

**City of Stoughton Certificate of
Appropriateness Application
Form**

1. Name of Property:

Address of Property:

Name of historic district in which property is located: _____

2. Owner & Applicant Information

Owner Name:

Street Address:

City: _____ State: _____ Zip: _____

Daytime Phone, including Area Code: _____

Applicant (if different from owner): _____

Applicant's Daytime Phone, including Area Code: _____

3. Attachments. The following information is enclosed:

- _____ Photographs
- _____ Sketches, elevation drawings
- _____ Plan drawings
- _____ Site plan showing relative location of adjoining buildings, if located within a Historic
- _____ Specifications
- _____ Other (describe)

4. Description of Proposed Project (on next pages)

5. Signature of Applicant _____ **Date:**

Return To: Zoning Administrator, Stoughton City Hall, 381 E. Main Street
mstacey@ci.stoughton.wi.us

Description of Proposed Project
(attach additional sheets as necessary)

Architectural Feature:

Approximate date of feature:

Describe existing feature:

Describe proposed work, materials to be used and impact to existing feature:

Photograph No. _____ **Drawing No.** _____

Architectural Feature:

Approximate date of feature:

Describe existing feature:

Describe proposed work, materials to be used and impact to existing feature:

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