

<p>APPLICATION FOR CERTIFICATE OF APPROPRIATENESS CITY OF NEILLSVILLE HISTORIC PRESERVATION COMMISSION 106 W. Division Street, Neillsville, WI 54456</p>	<p>\$0.00 Application Fee</p>
---	--

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 Neillsville as a historic building or historic site. Complete all sections of this form – it is used to determine approval of work to be done and for HPC review. **Please contact the City of Neillsville, Historic Preservation Commission at: (715) 743-2105 (City Hall) or the Commission Chair at 715-271-4328 to obtain assistance in completing this form.**

SECTION	APPLICANT AND PROPERTY OWNER INFORMATION	
1	Applicant Name:	Date Submitted (HPC use):
		<div style="border: 1px solid blue; width: 100px; height: 20px; margin: 0 auto;"></div>
	AHI Number (available at www.wisconsinhistory.org):	Tax ID Number: _____
	Historic Property Address:	Parcel ID Number ----- _____
		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 Neillsville City Hall with the following:

1. **Application Form with attachments (as outlined in Section 5):**
 - o Clear photo(s) of every portion of the property that will be affected by the work
 - o Historic photograph(s) (if available)
 - o Exterior elevations or sketches of existing conditions and proposed work
 - o Samples or specifications of proposed materials
 - o Site plan (if applicable)
2. **Building Permit (work cannot begin until Building Inspector has approved a Building Permit)**
3. **Sign Application**

All applications are to be submitted at least 10 days prior to the HPC meeting. HPC generally meets on the third Wednesday of each month, at 6:00 pm at Neillsville City Hall. Applicants are encouraged to appear in person or by authorized representative.

Thank you for helping to value and protect our historic properties and preserve the history of our beautiful city.

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	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> <ol style="list-style-type: none">1. Clear photo(s) of every portion of the property affected by the work2. Historic photograph (if available)3. Site plan (if applicable)4. Exterior elevations or sketches of existing conditions and proposed work5. Samples or specifications of proposed materials6. Additional attachments that may assist in understanding the proposed work

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

**DECISION FORM FOR
 CERTIFICATE OF APPROPRIATENESS**
 CITY OF NEILLSVILLE HISTORIC PRESERVATION COMMISSION
 106 W. Division St, Neillsville, WI 54456

This decision form will be completed by the Chair of the Historic Preservation Commission or City of Neillsville Mayor.

Certificate of Appropriateness Decision Criteria: *The Historic Preservation Commission is authorized to grant Certificates of Appropriateness when the standards found in Section 255-5 of the Neillsville City 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*

Additionally, the below decision criteria (as outlined in Wisconsin State Statutes 62.23(7)(em)2m) are required to be met when replacing original windows, siding, or other exterior materials:

- Original material is severely or significantly deteriorated as defined by the N.P.S.**
- Contractor estimate demonstrates the un-repairability of original materials**
- Replacement material is similar in [] design, [] color, [] scale, [] architectural appearance, and [] other visual qualities _____**

Summary of Work (include reasons why proposal does or does not meet the above decision criteria):

Certificate of Appropriateness is hereby (check one): [per HPC meeting date ___/___/20__]

[] **Approved**, [] **Not approved**, or [] **Approved with the following conditions:**

Approved by: _____

Date: _____

HPC Chairperson or if appealed, by the City of Neillsville Mayor

HISTORIC PROPERTY INFORMATION

Historic Property Address:	Tax ID Number: ____ - _____
Historic Property AHI Number:	Parcel ID Number----- _____

SECTION	SUPPLEMENTAL ATTACHMENTS
<h1>5</h1>	<p>Use this sheet to attach any additional items. Each attachment should be marked with an exhibit number.</p>
<p>EXHIBIT: _____</p>	