

Box below for office use only

Date Received: _____
Date Approved: _____
Date \$25 Application Fee Received: _____



Mineral Point, Wisconsin

Certificate of Appropriateness Application Form

Property Address: _____

Applicant: _____

Contractor: _____

Mailing Address: _____

Phone: _____

Phone: _____

E-Mail: _____

E-Mail: _____

Please check if this is primary contact person _____

Please check if this is primary contact person _____

Description of Proposed Work: _____

Type of Work: (Check all that apply)

- New Construction: Construction of a new building, additions, garages, sheds, etc.
- Renovation work: includes, but is not limited to, all exterior changes to an existing building, windows, doors, roofing, etc.
- Sitework: Adding landscape features (walks, patios, fencing, retaining walls, etc.)
- Signage: Installation of a sign on a building or site.
- Demolition: Removal of any building feature(s) or the razing of any structure (s). For all demolition, the applicant must Comply with Article 13 of the Zoning Ordinance.
- Other: _____.

Applicant's Signature: _____ Date: _____

By signing this application, I acknowledge that I have reviewed the proposed scope of work and am Responsible for compliance with any Certificate of Appropriateness issued for this project. I hereby certify that the proposed work is accurately described.

Submission Requirements for Certificate of Appropriateness Form

Your application may require certain drawings. Each application is different and, therefore, may have different drawing requirements. The City Deputy Clerk and the Historic Preservation Commission Chair can meet with you to determine which items in the checklist below should be submitted for the Commission review.

Once the Staff has determined what should be submitted, the application should be returned to City Hall along with those items by the 1st and 3rd Wednesday of each month. Additional materials may be requested at any point during the Process to insure the Commission has adequate information for review. **If materials requested fail to be submitted by the deadline, the application will be excluded from the agenda and will not be placed on the agenda until all requests are satisfied.** Reference to Chapter 151 of Title 15 (XV) of the Mineral Point's Land Usage Ordinances can be used for further explanation.

New Construction/ Additions, Repairs and Alterations

- Site plan, drawn to scale, including landscaping, parking, utilities and other site elements.
- Floor plans, drawn to scale and dimensioned, showing existing conditions and proposed work.
- Elevations (exterior views), drawn to scale, showing proposed work.
- Photographs showing existing conditions.
- A list of exterior materials to be used, including product sources and color descriptions.

Rehabilitation (Alteration of a Structure's Architectural Style or Roofline)

- Elevations of any façade when new elements are applied.
- Detail drawings of any new elements.
- Photos of rehabilitation area.

Site Alterations

- Site plan, drawn to scale, showing existing condition (including landscaping, parking, utilities and other elements) and proposed work.
- Photographs of the site, showing existing conditions.
- A list of materials to be used in the proposed work, including product sources and color descriptions.

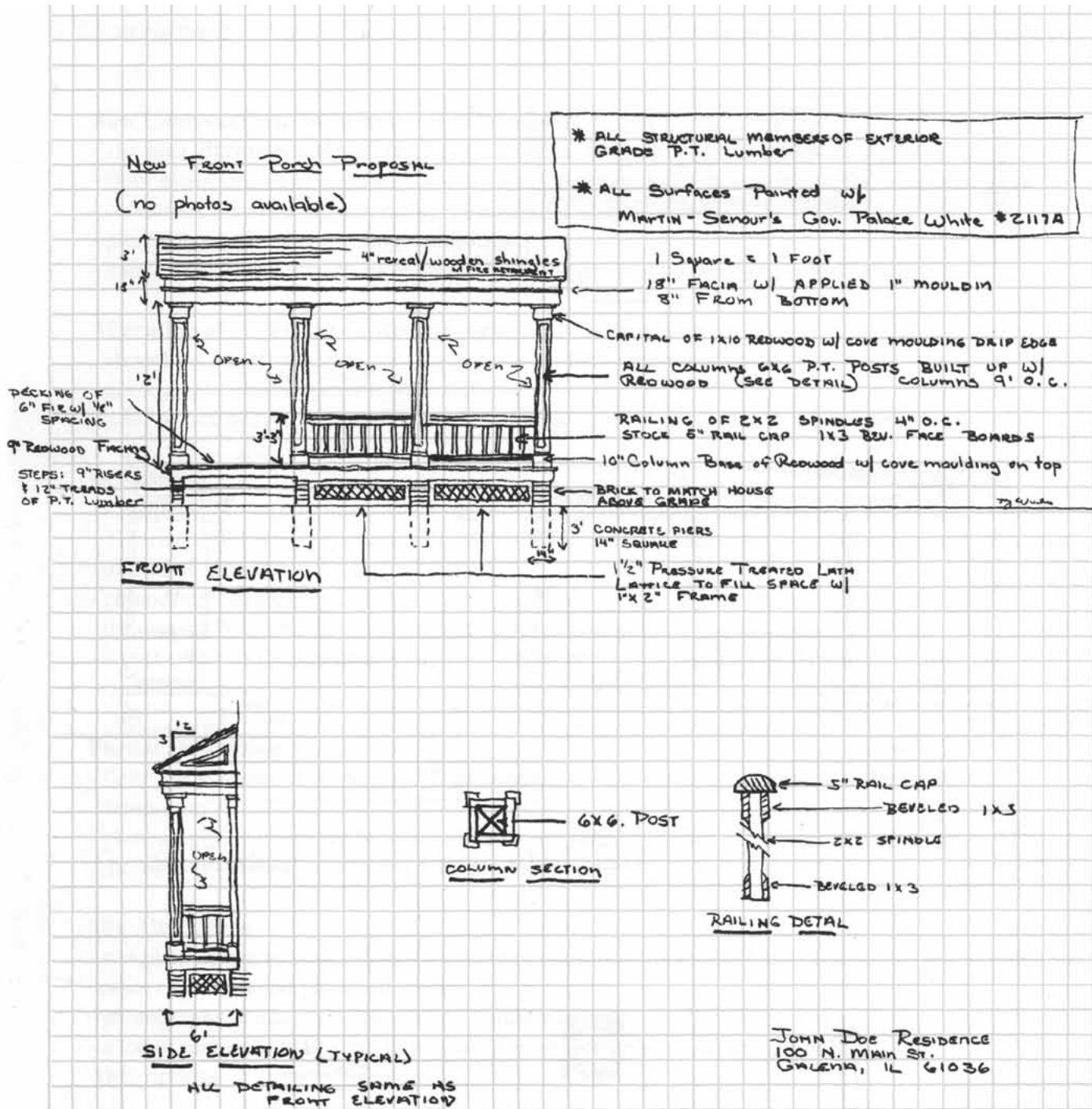
Demolition

- Photographs of exterior and interior views showing the general condition of the property.
- The current dollar value of the property improvements.
- A cost estimate for the demolition, removal of debris, and grading of property after demolition.
- Certain historic structures may require the approval of the State Historical Society Preservation Architect.

Partial Demolition

- Floor plans, drawn to scale and dimensioned, showing existing conditions and proposed demolition.
- Photographs of the entire building exterior and interior views of the section to be demolished, and showing the general condition of the property.

Examples of Drawings Required



For City Staff Use Only

Case Number: _____ Date _____

Received: _____

Referral

Referral to Commission HPC Meeting Date: _____

Staff Review Staff Review Date: _____

Comments: _____

Decisions By:

2-Person Committee-Date: _____

Historic Preservation Commission-Date _____

Final Action

Approve

Approve with Conditions

Disapprove

Historic Preservation Commission Chair

Date