

APPLICATION TO THE HISTORIC COMMISSION  
Janesville, Wisconsin

**CERTIFICATE OF APPROPRIATENESS**

Date: _____
Certificate No. _____
Parcel No. _____
Contributing or Non-Contributing: _____

An application is hereby made for issuance of a Certificate of Appropriateness under City of Janesville Zoning Ordinance for proposed work as described below and on plans, drawings and photographs accompanying this application. This application provides information supplemental to the building permit application form and applies to only properties within a designated historic overlay district.

OWNER OF RECORD:	TELEPHONE NO:
HOME ADDRESS:	
ADDRESS OF PROPOSED WORK (IF DIFFERENT):	
NAME/ADDRESS OF APPLICANT (IF DIFFERENT):	TELEPHONE NO.
<i>SIGNATURE OF OWNER/APPLICANT:</i>	

Attachments:

- Full size copy of the plan(s) to scale;
- Recent photo(s) showing the entire building and others showing detail of area(s) proposed to be changed;
- Historic photo(s) of the building, if available;
- Photo(s) of building details similar to that contemplated of other buildings may be submitted, if available.

General Description of work to be completed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Detail(s) of Proposed Work. Fill in if applicable:

1. Building Setbacks: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side Left of Front \_\_\_\_\_ Side Right of Front \_\_\_\_\_ Corner \_\_\_\_\_
2. Foundation: Height Exposed \_\_\_\_\_ Con.Blk. \_\_\_\_\_ Stone \_\_\_\_\_ Brick \_\_\_\_\_ Concrete \_\_\_\_\_ Other \_\_\_\_\_
3. Chimney: Brick \_\_\_\_\_ Stone \_\_\_\_\_ Wood \_\_\_\_\_ Other \_\_\_\_\_.
4. Garage Doors: Wood \_\_\_\_\_ Metal \_\_\_\_\_ Fiber Glass \_\_\_\_\_.
5. Skylight: Type \_\_\_\_\_ Size \_\_\_\_\_.
6. Roof Pitch: \_\_\_\_\_ Dormer Pitch \_\_\_\_\_ Other \_\_\_\_\_.
7. Roofing Material: Asphalt \_\_\_\_\_ Wood \_\_\_\_\_ Tile \_\_\_\_\_ Other \_\_\_\_\_.
8. Exterior Wall Material(s): Wood siding: (width) \_\_\_\_\_ Alum./Vinyl Siding: (width) \_\_\_\_\_ Brick \_\_\_\_\_ Stone \_\_\_\_\_ Shingles \_\_\_\_\_ Other \_\_\_\_\_.
9. Gutter Material \_\_\_\_\_ Size \_\_\_\_\_.
10. Window Style (size) Double hung \_\_\_\_\_ Casement \_\_\_\_\_ Awning \_\_\_\_\_ Other \_\_\_\_\_.
11. Door Type: Front \_\_\_\_\_ Other \_\_\_\_\_ Material \_\_\_\_\_.
12. Storm Door Type: Front \_\_\_\_\_ Other \_\_\_\_\_ Material \_\_\_\_\_ Style \_\_\_\_\_.
13. Installation of Sign: Type \_\_\_\_\_ Size \_\_\_\_\_ Material \_\_\_\_\_ Location on Property \_\_\_\_\_.

**THIS APPLICATION IS VALID FOR 12 MONTHS FROM DATE OF ISSUANCE. IT MAY BE RENEWED. NO STRUCTURE MAY DIFFER FROM THE APPROVED APPLICATION AND PLANS.**

APPROVED _____ DISAPPROVED _____  _____ DATE _____ (Historic Commission Chairman)	COMMENTS OR CONDITIONS:
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