Find yourself next to the water.

ASHLAND

City of Ashland, Department of Planning & Development, 601 W Main Street, Ashland, WI 54806

CERTIFICATE OF APPROPRIATENESS APPLICATION

Applicant Name:
Mailing Address of Applicant:
Phone Number (daytime):
Email Address:
Property Address:
Parcel #:

Brief Description of Project:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Proposed construction, reconstruction, alteration, and/or demolition must meet the requirements of the City of Ashland Historic Preservation Ordinance (Ch 826). I, the undersigned, have read and will comply with applicable City ordinances. I understand that violations may result in permanent revocation, daily issuance of inraction, or administrative citations.

Applicant Signature: _____ Date: _____

Property Owner Signature (if different): _____ Date: _____

For Office Use:

Approved ☐ Paid ☐ Date of Approval/Historic Preservation Meeting:

Conditions (if applicable):

_____
_____