

Find yourself next to the water.



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:

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*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  Approval Date: \_\_\_\_\_ Paid

Conditions (if applicable):

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