



APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

CITY OF EVANSVILLE HISTORIC PRESERVATION COMMISSION
31 S. Madison St, PO Box 529, Evansville, WI 53536

\$0.00
Application
Fee

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 State or City as a historic building or historic site. Complete all sections of this form – it is used to determine if the proposal should be reviewed by staff or the HPC. **Submit questions or completed applications to address above, or via email to the Community Development Director, Colette Spranger, at: (608)-882-2263 or c.spranger@evansvillewi.gov.**

SECTION	APPLICANT and/or OWNER INFORMATION	HISTORIC PROPERTY INFORMATION
1	Applicant Name:	Historic Property Address:
	Applicant Mailing Address:	Evansville, WI 53536
	Applicant Phone:	The following information is available on the property's tax bill:
	Applicant Email:	Parcel Tax ID Number: 222 _____
	If different from above, please provide:	Parcel Number: 6-27-_____
	Owner Name:	The following information is available by searching the property address at www.wisconsinhistory.org/records :
	Owner Address:	
		Historic Property Name:
	Owner Phone:	AHI Number:
	Owner Email:	Contributing: Y or N

INSTRUCTIONS: Complete this entire form and submit by mail or email the following:

1. Application Form with attachments (as outlined in Section 3C and 5):

- Clear photo(s) of every portion of the property that will be affected by the work
- Historic photograph(s) (if available)
- Exterior elevations or sketches of existing conditions and proposed work
- Samples or specifications of proposed materials
- If Section 3B applies, evidence of un-reparability
- Site plan (if applicable)
- Print or PDF of State of WI historic property information, available by searching the property address at www.wisconsinhistory.org

2. Building Permit (work cannot begin until Building Inspector has approved a Building Permit)

All applications are to be submitted and deemed complete at least 10 days prior to the HPC meeting. HPC typically meets on the third Wednesday of each month at 6:00pm in City Hall. Applicants are encouraged to appear in person.

Thank you for helping to value and protect "one of the most intact nineteenth century townscapes in southern Wisconsin" and "the finest collection of 1840s – 1915 architecture of any small town in Wisconsin" – Wisconsin State Historic Society

SUBMITTED BY: _____ DATE: _____
Owner or Applicant Signature

SECTION		PROPOSED WORK CHECKLIST
2		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 historic materials (metal, etc.) <input type="checkbox"/> Use new modern 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"/> Other: _____
<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"/> Other: _____
<input type="checkbox"/> Signage and exterior lighting	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> <u>Signage (Complete Sign Permit Application instead).</u> <input type="checkbox"/> Lighting <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	PROPOSED WORK SUMMARY
3	3A For each Item that was checked in the left-hand column of Section 2, provide a more detailed description of the work proposed to be done: <div></div> <div></div> <div></div>
	Pursuant to State Statute 62.23(7)(em)(2m) replacement materials shall be similar in design color, scale, architectural appearance, and other visual qualities. Please help the HPC or city staff better understand your project proposal by providing the following information:
	3B Will your project include replacing materials original to your historic building, including: siding, windows, trim, doors, etc? <div></div>
	3C If so, summarize any attempts to repair the original materials and attach a contractor estimate that demonstrates the un-reparability of original materials: <div></div> <div></div> <div></div> <div></div>

SECTION	SUPPLEMENTAL QUESTIONS
4	4A Will the proposed work alter any of the distinctive features or historic architectural details of the property? <div></div> <div></div> <div></div> <div></div> <div></div>
	4B Please briefly describe how the proposed work will conform to the Standards and Guidelines of the Secretary of the U. S. Dept. of the Interior for the Rehabilitation of Historic Properties (available at www.nps.gov/tps/standards/rehabilitation.htm and at City Hall.) <i>Adherence to these standards and guidelines will help assure your property's eligibility for potential State and Federal tax credits.</i> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
	4C Have you submitted this project for state or federal tax credits? <div></div>

SECTION	REQUIRED ATTACHMENTS
<div>5</div>	<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. Exterior elevations or sketches of existing conditions and proposed work4. Samples or specifications of proposed materials5. If Section 3B applies, evidence of un-reparability6. Site plan (if applicable)7. Print or PDF of State of WI historic property information, available by searching the property address at www.wisconsinhistory.org8. Additional attachments that may assist in understanding the proposed work
<div>EXHIBIT: _____</div>	



DECISION FORM FOR CERTIFICATE OF APPROPRIATENESS

CITY OF EVANSVILLE HISTORIC PRESERVATION COMMISSION
31 S. Madison St, Evansville, WI 53536

This decision form outlines the criteria that is used approve, deny or approve with conditions the proposed work. This form will be completed by the chair of HPC or the Community Development Director.

Certificate of Appropriateness Decision Criteria: The Historic Preservation commission is authorized to grant Certificates of Appropriateness when the standards found in section 62-36(10) of the Municipal 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:

Certificate of Appropriateness is hereby (check one):

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

Approved by: _____
Community Development Director or HPC Chairperson Signature

Date: _____

HISTORIC PROPERTY INFORMATION

Historic Property Address:	Tax ID Number: 222 _____
Historic Property AHI Number:	Parcel Number: 6-27-_____

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

FOR INSPECTIONS CALL: _____		GENERAL BUILDING PERMIT APPLICATION GENERAL ENGINEERING COMPANY OFFICE: (608) 745-4070 FAX: (608) 745-5763				PERMIT # _____		
Parcel Number: _____		Property is Located in <input type="radio"/> Town of <input type="radio"/> Village of <input checked="" type="radio"/> City of Name: Evansville				EXPIRATION DATE: _____		
PROJECT DESCRIPTION (Submit Building Plans & Site Plan)						Does this project require any additional approvals or permits? <input type="radio"/> yes <input type="radio"/> no		
Building Project Address: _____						Finished Project Value \$ _____		
Zoning District(s):	Zoning Permit No.:	Corner Lot <input type="radio"/> yes <input type="radio"/> no	Bldg. Height Ft.	Setbacks:	Front	Rear	Left	Right
Owner's Name(s)		Mailing Address				Telephone		
						Email		
Contractor Name & Type		Licen. / Cert #	Exp. Date	Mailing Address		Telephone & Email		
Construction Contractor						Tel.		
						Email		
Dwelling Contractor Qualifier				The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.		Tel.		
						Email		
HVAC Contractor						Tel. x		
						Email		
Electrical Contractor						Tel.		
						Email		
Master Electrician						Tel.		
						Email		
Plumbing Contractor						Tel.		
						Email		
RESIDENTIAL Single Family/Duplex	Addition: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Erosion Control							
	Detached Accessory Building: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft							
	Remodel: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft.							
	Other: <input type="checkbox"/> Fence <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Erosion Control <input type="checkbox"/> Electrical Service Upgrade (Amp____) <input type="checkbox"/> Removal of Structure (Raze) <input type="checkbox"/> _____							
COMMERCIAL	New Commercial Building: _____ Bldg. Sq. Ft. <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control							
	Commercial Addition/Alteration: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control _____ Building Sq. Ft. <input type="checkbox"/> Electrical Service (Amp____) <input type="checkbox"/> Fence <input type="checkbox"/> Sign <input type="checkbox"/> Removal of Structure (Raze)							
	State of Wisconsin Plan Approval Needed: <input type="radio"/> yes <input type="radio"/> no (Approved plans must be submitted with permit application)							
<i>Zoning – When applicable, owner shall research setback information regarding height, lot coverage, etc. prior to submittal of this application.</i>								
I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply of this application. I expressly grant the building inspector or the inspector's authorized agent permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. <i>It is the Owner/Contractors Responsibility to Call in ALL INSPECTIONS to the Inspector.</i>								
APPLICANT'S SIGNATURE _____						DATE SIGNED _____		
APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.								
BELOW SECTION FOR OFFICE USE ONLY								
FEES:		PERMIT(S) ISSUED			PERMIT ISSUED BY:			
Construction \$ _____		<input type="checkbox"/> Construction			Name _____			
Plumbing \$ _____		<input type="checkbox"/> HVAC			Date _____ Telephone _____			
Electrical \$ _____		<input type="checkbox"/> Electrical			Cert No. _____ Census Code _____			
HVAC \$ _____		<input type="checkbox"/> Plumbing			www.generalengineering.net			
Zoning \$ _____		<input type="checkbox"/> Erosion Control			VER. 1/3/2018			
Other _____ \$ _____		<input type="checkbox"/> Other _____						
Administrative \$ _____								
Total Permit Fee \$ _____								