



*Historic
Preservation
Commission*

CITY OF RIVER FALLS

Certificate of Appropriateness Application Form

(Please fill out completely)

To receive a Certificate of Appropriateness from the River Falls Historic Preservation Commission, it is necessary for the applicant to complete this form and return it with a copy of the plans, drawings and specifications and, if necessary, supplemental materials.

No owner of a historic structure, historic site or structure within a historic district may reconstruct, alter or demolish all or any part of the exterior of such property or construct any improvement upon such designated property unless a Certificate of Appropriateness has been granted. The Commission will make its determination based on the criteria listed under Section 17.76.050. Please submit applications to:

City of River Falls
Historic Preservation Commission
222 Lewis Street
River Falls, WI 54022
or
Fax: (715) 425-0915

The Historic Preservation Commission meets on the second Wednesday of each month at 6:30 P.M. in City Hall. Your application must be received ten (10) days prior. If you have any questions, please call the City of River Falls at (715) 425-0900.

1. **Name of Historic Structure or District:** _____

2. **Address of Property:** _____

3. **Applicant Information:** **Check if Owner of the Property**

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number (Area Code & Number): _____

Email Address: _____

Signature of Applicant(s): _____ Date: _____

Signature of Applicant(s): _____ Date: _____

4. Attachments:

The following items **must** be enclosed:

- Photograph(s) Drawings or Sketches

Check supplemental items provided:

- Building Elevations Material Samples Specifications
 Site Plan Floor Plans

5. Description of Work:

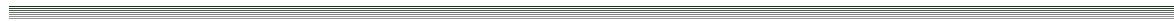
Please describe all proposed work and the existing features, which will be reconstructed, altered, or demolished. Also include the type of materials to be used and the reason for undertaking the proposed activities. Please use as much detail as possible. An additional page may be attached.

6. Signatures:

The undersigned person(s) hereby petition the Historic Preservation Commission of the City of River Falls, Wisconsin to issue a Certificate of Appropriateness as described above.

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____



Office Use Only

Date Application was Filed: _____

Signature of Chairperson: _____ Date: _____

Signature of Planning Staff: _____ Date: _____

Historic Preservation Action and Date: _____

Conditions of Approval: _____

