

**CITY OF STURGEON BAY  
HISTORIC PRESERVATION COMMISSION  
APPLICATION & CERTIFICATE OF APPROPRIATENESS**

**NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Property Owner:** \_\_\_\_\_

**Address or Legal Description of Premises:** \_\_\_\_\_

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**Statement of Specific Item Requested for Approval:** \_\_\_\_\_

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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

**In Office Use Only:**

**Date received:** \_\_\_\_\_ **Date of meeting:** \_\_\_\_\_ *(min. 14 days from date received)*

**Statement of Specific Item Approved:** \_\_\_\_\_

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**Certificate No.:** \_\_\_\_\_

**Chairperson:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Planner/Zoning Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_