



LANDMARKS COMMISSION
City of Cedarburg

LOCATION ADDRESS: _____

APPLICANT: _____ TELEPHONE: _____

ADDRESS: _____ FAX: _____

_____ e-mail: _____

PROPERTY OWNER: _____ TELEPHONE: _____

ADDRESS: _____ FAX: _____

_____ e-mail: _____

STATUS OF APPLICANT: OWNER AGENT BUYER OTHER

PROJECT NAME: _____

DESCRIBE REQUEST: _____

NOTE: Please attach:

1. Nine (9) copies of a one-page (minimum) written description of your proposal or request.
2. Nine (9) copies of drawings, sketches, pictures, or survey maps as appropriate, preferably no larger than 11" x 17" (if readable).
3. ALSO, provide material and color samples (that will be retained by the City).

The undersigned certifies that he/she has familiarized himself/herself with the State and local codes and procedures pertaining to this application. The undersigned further hereby certifies that the information contained in this application is true and correct. This application shall be signed by the property owner(s).

SIGNED BY: _____ DATE: _____

Property Owner

APPLICATION RECEIVED BY: _____ DATE: _____

7/13/2015