

CITY OF STURGEON BAY

HISTORIC PRESERVATION COMMISSION

APPLICATION FOR *CERTIFICATE OF APPROPRIATENESS*

Name: \_\_\_\_\_

Owner of Premises: \_\_\_\_\_

Address or Legal Description of Premises:

\_\_\_\_\_  
\_\_\_\_\_

Statement of Specific Item Requested for Approval:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

Date Received:

\_\_\_\_\_

Date Approved/Denied:

\_\_\_\_\_