



WISCONSIN
HISTORICAL
SOCIETY

HISTORIC PRESERVATION CERTIFICATION APPLICATION AMENDMENT SHEET

WHS Project Number

Property Name _____

Property Address _____

This sheet amends Part 1 amends Part 2 amends Part 3

Project Contact (if different from the Owner)

Name _____

Street _____ City _____

State _____ Zip _____ Telephone _____

Owner

Name _____ Signature _____ Date _____

Organization _____ Social Security or Taxpayer ID Number _____

Street _____ City _____

State _____ Zip _____ Telephone _____

WHS Official Use Only

The Wisconsin Historical Society has reviewed this amendment to the Historic Preservation Certification Application and has determined that the amendment:

- Meets the Secretary of the Interior's Standards for Rehabilitation
- Will meet the Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met
- Does not meet the Secretary of the Interior's Standards for Rehabilitation

For Jim Draeger, State Historic Preservation Officer

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