



HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 2 – DESCRIPTION OF REHABILITATION

WHS Project Number

1. Property Name _____

Street _____

City _____ County _____ Zip _____

Name of Historic District _____

Listed individually in the National Register Historic Places; date of listing _____

Located in a Registered Historic District; name of district _____

Part 1 – Evaluation of Significance submitted? Date submitted _____ Date of certification _____

2. Data on building and rehabilitation project

Date of construction _____ Cost of rehabilitation (estimated) _____

Type of construction _____ Floor area before / after rehabilitation _____

Start date (estimated) _____ Use(s) before / after rehabilitation _____

Completion date (estimated) _____ Number of housing units before / after rehabilitation _____

Project phasing: 2 year or 5 year

3. Project Contact (if different from the Owner)

Name _____

Street _____ City _____

State _____ Zip _____ Telephone _____

4. 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 the Historic Certification Application for the above-named property and has determined that:

- The rehabilitation described herein is consistent with the historic character of the property and, where applicable, with the district in which it is located and that the project meets the Secretary of the Interior's Standards for Rehabilitation. This determination is preliminary only, since a formal certification of rehabilitation can be issued only to the owner of a "certified historic structure" after rehabilitation is complete.
- The rehabilitation or proposed rehabilitation will meet the Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met.
- The rehabilitation described herein is not consistent with the historic character of the property or the district in which it is located and that the project does not meet the Secretary of the Interior's Standards for Rehabilitation.

_____ Date

_____ For Jim Draeger, State Historic Preservation Officer

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Property name _____ WHS Project Number _____

Property address _____

5. Detailed description of rehabilitation

Number	Feature _____ Date of Feature _____
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Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature

Number	Feature _____ Date of Feature _____
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Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature