

City of Dodgeville, Wisconsin  
Historic Preservation Commission

Application for Certificate  
of Appropriateness

Reference Chapter 16A

100 East Fountain Street  
Dodgeville, WI 53533

Ann Fillback-Watt, Chair  
Phone: 608-512-5303  
Email: fillbackwatt@gmail.com

FOR COMMISSION USE ONLY

Chair's Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Commission Action:

Approved

Disapproved

Date Action Taken: \_\_\_\_\_

Applicant

Name: Tracy Zander - Zander Tax and Bookkeeping Inc

Address: 114 E Chapel St, Dodgeville WI 53533

Telephone: (608)935-3298 Email zandertax@mhtc.net

Owner (if other than applicant)

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Designations

Historic District:

Downtown

Strong-Jones District

Other:

Corner of E Chapel St and Union St

Old Rock School

Peter Spang House  
 Mining Cabin

Col. Stevens House  
 Slag Furnace

Historic Register:

City

State

National

N/A

Nature of Improvement (check all that apply)

Adaptive

Alteration

Conservation

Demolition

New Construction

Rehabilitation

Restoration

Stabilization

Synopsis of project (one sentence):

Repair leaking roof with a metal roof, over the existing one.

**Two completed copies** of this application must be submitted, along with the following: 1) a detailed description of **EACH** modification and/or improvement; 2) an exact description of all materials being used and the method of application or installation; and 3) include as many of the following as is practicable.

Photographs

Sketches/Renderings

Plans

Specifications

Sample Materials

Other: \_\_\_\_\_

As the owner or authorized agent of the owner(s) of the property that is the subject of this application, I declare that the statements herein and the attached exhibits present the information required for this application to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Tracy Zander  
Signature

Before December 31st, 2024

Estimated Project Completion Date

\*\*\* THIS CERTIFICATE MUST BE POSTED, ALONG WITH THE BUILDING PERMIT, AT THE CONSTRUCTION SITE \*\*\*

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Owner (if other than applicant)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Designations

Historic District:	<input checked="" type="checkbox"/> Downtown Corner of E Chapel St and Union St	<input type="checkbox"/> Strong-Jones District	Other:	<input type="checkbox"/> Old Rock School	<input type="checkbox"/> Peter Spang House
				<input type="checkbox"/> Col. Stevens House	<input type="checkbox"/> Mining Cabin
				<input type="checkbox"/> Slag Furnace	
Historic Register:	<input type="checkbox"/> City	<input type="checkbox"/> State	<input type="checkbox"/> National	<input checked="" type="checkbox"/> N/A	

Nature of Improvement (check all that apply)

Adaptive  Alteration  Conservation  Demolition  
 New Construction  Rehabilitation  Restoration  Stabilization

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