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: Disapproved Date Action Taken:	
Applicant Name: Address: Telephone: Owner (if other than Name: Address: Address: Address: Telephone: Dodgeville Furniture & Mattress Address: Telephone: Telephone: Mame: Address: Address: Telephone: Dodgeville Furniture & Mattress Telephone: Email dodgevillemattress@gmail.com	
Designations Historic District: Downtown District:	trict Other: Old Rock School Col. Stevens House Slag Furnace Peter Spang House Mining Cabin
Historic City State Register:	✓ National N/A
Nature of Improvement (check all that apply) Adaptive New Construction Alteration Rehabilitation	Conservation Demolition Restoration Stabilization
Synopsis of project (one sentence): Roof Replacment, and garbage can placement	
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 ☐ Other:	☐ Plans ☐ Specifications
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.	
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Signature Estimated Project Completion Date	

^{***} THIS CERTIFICATE MUST BE POSTED, ALONG WITH THE BUILDING PERMIT, AT THE CONSTRUCTION SITE ***