



LANDMARKS COMMISSION APPLICATION

PROPERTY LOCATION/ADDRESS: _____

NAME OF PROPOSED BUSINESS (IF APPLICABLE): _____

APPLICANT INFORMATION

APPLICANT/BUSINESSNAME: _____

APPLICANT/BUSINESS ADDRESS: _____

STATUS OF APPLICANT: ☐ OWNER ☐ AGENT ☐ BUYER ☐ OTHER _____

PHONE: _____ EMAIL: _____

PROPERTY OWNER INFORMATION

PROPERTY OWNER (IF DIFFERENT): _____

PROPERTY OWNER MAILING ADDRESS: _____

PROPERTY OWNER PHONE: _____ PROPERTY OWNER EMAIL: _____

DESCRIBE REQUEST:

PLEASE SUBMIT: TEN(10) COPIES OF WRITTEN DESCRIPTION OF PROPOSAL OR REQUEST
TEN (10) COPIES OF DRAWINGS, SKETCHES, PICTURES OR SURVEY MAPS (11" x 17" MAX)
MATERIAL AND COLOR SAMPLES (WILL BE RETAINED BY THE CITY)

The undersigned certifies that he/she has familiarized themselves with the State and Local codes and procedures pertaining to this application. The undersigned further hereby certifies that the information contained in this application is true and correct. This application shall be signed by the property owner(s).

PROPERTY OWNER(S) SIGNATURE: _____ DATE: _____

Plans and signed application can be submitted electronically to planner@ci.cedarburg.wi.us

FOR CITY STAFF USE ONLY

LANDMARKS COMMISSION MEETING DATE: _____

PLAN COMMISSION REVIEW NEEDED? ☐ YES ☐ NO

ATTACHMENTS (CHECK IF RECEIVED):

☐ TEN WRITTEN DESCRIPTIONS

☐ TEN DRAWINGS, SKETCHES OR MAPS

☐ MATERIAL/COLOR SAMPLES (IF APPLICABLE)

PROPERTY TAX KEY NO: _____