

# HISTORIC RESOURCE NOMINATION

## Landmarks Commission

City of Madison Planning Division  
215 Martin Luther King Jr. Blvd., Suite LL.100  
P.O. Box 2985  
Madison, WI 53701



### **(1) Identification of Historic Resource**

*Resource type (choose one)*

*Landmark\**

*Historic District\**

*\* Please refer to Landmark or Historic District Nomination Form Preparation Guide for instruction on completing this form.*

*Common Name*

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*Historic Name*

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*Current Use*

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### **Location of Historic Resource**

*Street Address*

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*Parcel Number(s)*

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*Legal Description*

*(use continuation sheet(s) as necessary)*

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**(2) Form Prepared By**

Name and Title

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Organization Represented

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Address

Telephone Number

Email address

As the preparer of this document, I am signing below to signify that I believe this document is complete and contains true and accurate information.

Signature

Printed name

Date submitted

**(3) General Historical Data**

Original Owner

Original Use

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Architect/Builder/Designer

Architectural Style

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Date of Construction/Period of Significance

Moved or Original Site?

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Physical Condition (excellent, good, fair, poor, deteriorated, ruins)

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