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# 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*

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*Email address*

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*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*

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**(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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