## HISTORIC RESOURCE NOMINATION

**Landmarks Commission** 

## **Landmarks Commission**

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



HISTORIC RESOURCE NOMINATION

(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 Historic Name Current Use **Location of Historic Resource** Street Address Parcel Number(s) **Legal Description** (use continuation sheet(s) as necessary)

Page \_\_\_\_\_ of \_\_\_\_

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(2) Form Prepared By Name and Title		
Organization Represented		
Address	Telep	hone Number
Email address		
As the preparer of this document, I am sign contains true and accurate information.	ing below to s	ignify that I believe this document is complete and
(3) General Historical Data Original Owner	Printed name	Original Use
Architect/Builder/Designer		Architectural Style
		Architectural Style
Date of Construction/Period of Significance		Moved or Original Site?
Physical Condition (excellent, good, fair, poor, deteri	orated, ruins)	

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Describe Significance of Property and Cone continuation sheet(s) as necessary)	mormance to Designation Criteria

Significance of F page(s) as neces	Property and Conformance to Designation Criteria CONTINUATION SHEET (inser ssary)	t or on

(use continuation sheet(s) as necessary)	

List of Bibliographical References CONTINUATION SHEET  ert or omit page(s) as necessary)	

continuation sheet(s) a	necessary)	

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