



**APPLICATION FOR RESCISSION OF HISTORIC
STRUCTURE/SITE OR DISTRICT DESIGNATION**

Community and Economic Development Department
 100 N. Appleton St. PH: 920-832-6468
 Appleton, WI 54911 FAX: 920-832-5994

Stamp date received

PROPERTY OWNER(S)		APPLICANT (owner's agent)	
Name		Name	
Mailing Address		Mailing Address	
Phone	Fax	Phone	Fax
E-mail		E-mail	

PROPERTY INFORMATION	
Property Tax # (31-0-0000-00)	
Site Address/Location	
Legal Description of Land (may be attached as separate sheet)	
<input type="checkbox"/> Structure Rescission <input type="checkbox"/> District Rescission <input type="checkbox"/> Site Rescission	Current Zoning
Number of Structures, Sites or District to be Rescinded	Historic Structure, Site or District Name
Current Uses	Proposed Uses

PLEASE STATE REASON(S) FOR RESCISSION OF HISTORIC STRUCTURE OR SITE DESIGNATION
*Please attach a location map of the property or portion of the property in question and facts to support the request. <hr/> <hr/> <hr/>

Date	Owner(s)/Agent Signature (Agents must provide written proof of authorization)
------	---

OFFICE USE ONLY	
FILE # _____ Application Complete _____ / ____ / ____	Date Filed ____ / ____ / ____