City of Mequon

Wisconsin Landmarks Commission Application Form

Phone: (262) 236-2904 Fax: (262) 242.9655

OFFICE USE ONLY: Tax Key #: Section: Range: Amount: Application: Receipt No.: Agent: Address: City: Zip: Phone:(Fax:() Cowner's Signature) hereby authorize the aforementioned agent to permission to conduct reasonable and routine inspections of the property.)	OFFICE USE ONLY: Tax Key #: Section: Range: Zoning: Fee Paid Date: Amount: Application: Receipt No.: Agent: Address: City: Zip: Phone:() Fax:() Fax:() Tax Key #: Section: Range: Zoning: Fee Paid Date: Amount: Amount: Application: Receipt No.: Agent: Address: City: Zip: Phone:() Fax:() Fax:() Tax Key #: Section: Range: Zoning: Fee Paid Date: Amount: Amoun	ocation of Property:	
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