

**City of Mequon**  
**Wisconsin**  
**Landmarks Commission Application Form**

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

Location of Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone:( ) \_\_\_\_\_  
Fax:( ) \_\_\_\_\_

<b>OFFICE USE ONLY:</b>
Tax Key #: _____
Section: _____ Range: _____ Zoning: _____
Fee Paid Date: _____ Amount: _____
Application: _____
Receipt No.: _____

Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone:( ) \_\_\_\_\_  
Fax:( ) \_\_\_\_\_

I, \_\_\_\_\_, (Owner's Signature) hereby authorize the aforementioned agent to represent my interest in this matter.

*(Signature grants the City of Mequon permission to conduct reasonable and routine inspections of the property.)*

**DESCRIPTION OF REQUEST:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*(Signature grants the City of Mequon permission to conduct reasonable and routine inspections of the property.)*

