



**Development Services
Department**

City of Marshfield
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Marshfield, WI 54449
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Historic Site Designation Application

<i>Office use only</i>
Date rec'd / by _____

1. Site Name

Historic:

and/or common:

Has the property been previously nominated?

If yes, when?

2. Site Location

Street & Number:

Alderman:

District(s):

Property ID #:

3. Classification

Category: Ownership: Present use:

- | | | | | | |
|--------------------------------------|----------------------------------|--|--|-------------------------------------|---|
| <input type="checkbox"/> building(s) | <input type="checkbox"/> public | <input type="checkbox"/> agricultural | <input type="checkbox"/> park | <input type="checkbox"/> government | <input type="checkbox"/> transportation |
| <input type="checkbox"/> structure | <input type="checkbox"/> private | <input type="checkbox"/> commercial | <input type="checkbox"/> cemetery | <input type="checkbox"/> industrial | <input type="checkbox"/> other |
| <input type="checkbox"/> object | <input type="checkbox"/> both | <input type="checkbox"/> educational | <input type="checkbox"/> religious | <input type="checkbox"/> military | |
| <input type="checkbox"/> site | | <input type="checkbox"/> entertainment | <input type="checkbox"/> private-residence | <input type="checkbox"/> museum | |

4. Owner of Property

Name:

Street & Number:

City:

State:

Zip:

Date of Owner Notification:

5. Representation in Existing Surveys

Inventory:

Date: _____ Federal _____ State _____ County _____ Local _____

Depository for survey records:

Organization: _____

Street & Number: _____

City: _____ State: _____

Previous historic designation

_____ National Register: Date _____ Name: _____

_____ City of Marshfield Landmark: Date _____ Name: _____

_____ Other

Name of program: _____ Date designated: _____

6. Description

Condition:	Building form:	Foundation:
_____ Excellent _____ original site	Stories _____	stone _____ brick _____ concrete block _____
_____ good _____ moved date		concrete _____ other _____
_____ Fair _____ altered	Roof: gable (flank _____ end _____ cross _____)	
_____ Deteriorated _____ unaltered	gambrel (flank _____ end _____ cross _____)	
	hip _____ mansard _____ flat _____ other _____	
Walls:		
Clapboard _____ brick _____ stucco _____ stone _____ wood shingle _____ slate _____ terra cotta _____		
asphalt siding _____ asbestos tile _____ aluminum siding _____ artificial stone _____ other _____		

Written description: (Continue on a separate sheet, if necessary)

7. Significance

How does this district, site, or structure meet the criteria of Sec. 18-134 of the Municipal Code? It must meet at least one of the following (select all that apply and attach 1 page explanation)

Exemplifies or reflects the broad cultural, political, economic or social history of the nation, state or community

Is identified with historic persons or with important events in national, state or local history

Embodies the distinguishing characteristics of an architectural type inherently valuable of the study of a period, style or method of construction or of indigenous materials or craftsmanship

Represents the notable work of a master builder, designer or architect whose work was influential

Areas of significance:

<input type="checkbox"/> Agriculture	<input type="checkbox"/> economics	<input type="checkbox"/> law	<input type="checkbox"/> science
<input type="checkbox"/> Architecture	<input type="checkbox"/> education	<input type="checkbox"/> literature	<input type="checkbox"/> social/humanitarian
<input type="checkbox"/> Art	<input type="checkbox"/> engineering	<input type="checkbox"/> military	<input type="checkbox"/> theater
<input type="checkbox"/> Commerce	<input type="checkbox"/> exploration/settlement	<input type="checkbox"/> music	<input type="checkbox"/> transportation
<input type="checkbox"/> communications	<input type="checkbox"/> industry	<input type="checkbox"/> philosophy	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> community planning	<input type="checkbox"/> invention	<input type="checkbox"/> politics/government	_____
<input type="checkbox"/> conservation	<input type="checkbox"/> landscape architecture	<input type="checkbox"/> religion	_____

Date built or altered: _____

Builder/architect: _____

Written statement of significance: (continue on a separate sheet, if necessary)

8. Major Bibliographical References

9. Property Description

Acreage: _____

Legal property description:

10. Form Prepared By

Name/title: _____

Organization: _____ Date: _____

Street & number: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Return to: City of Marshfield Historic Preservation Committee, 630 S. Central Ave., PO Box 727,
Marshfield, WI 54449 (715-486-2075)

11. Owner Consent (select one)

Property owner understands and concurs with historic designation:

Signature of Property Owner _____ Date _____

Property owner is **not** interested in having historic designation:

Signature of Property Owner _____ Date _____