

DIXON HISTORIC PRESERVATION COMMISSION

APPLICATION FOR EXTERIOR ALTERATIONS DESIGN REVIEW  
(CERTIFICATE OF APPROPRIATENESS)

Date \_\_\_\_\_

Property address \_\_\_\_\_

Owner/applicant \_\_\_\_\_

Owner address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Current building use \_\_\_\_\_

Proposed alterations. Please describe in as much detail as possible. Include drawing(s) of proposed alterations, if available. Continue on attachments if needed.

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\_\_\_\_\_

Name of architect or designer \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of contractor \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature of owner/applicant \_\_\_\_\_

Mail to: Dixon Historic Preservation Commission | 121 West 2nd Street | Dixon IL 61021 or  
Email to: [dhpc@discoverdixon.org](mailto:dhpc@discoverdixon.org) or fax to (815) 288-5945