

DIXON HISTORIC PRESERVATION COMMISSION

APPLICATION FOR EXTERIOR ALTERATIONS DESIGN REVIEW
(CERTIFICATE OF APPROPRIATENESS)

Date _____

Property address _____

Owner/applicant _____

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.

Name of architect or designer _____

Phone _____ Email _____

Name of contractor _____

Phone _____ Email _____

Signature of owner/applicant _____

mail to City of Dixon Historic Preservation P. O. Box 318 Dixon IL 61021 or
email to dhpc@discoverdixon.org or FAX to (815) 288-1022