



Wausau Historic Preservation Commission Historic Resource Nomination Form

Return form to:
Historic Preservation Commission
407 Grant St
Wausau, WI 54403

or
wausaudevelopment@wausauwi.gov

1. Identification of Historic Resource

Resource Type (check one):

Landmark Historic District

Common Name: _____

Historic Name (if known): _____

Current Use: _____

Location of Historic Resource

Street Address: _____

Parcel Number(s): _____

(complete if known, otherwise this will be completed by staff or commission members)

Legal Description (attach continuation sheets if necessary):

(complete if known, otherwise this will be completed by staff or commission members)

2. Form Prepared By

Name and Title: _____

Organization Represented (if applicable): _____

Relationship to Property (check one):

- Owner Owner Representative
- Community Member Preservation Commission

Address: _____

Telephone Number: _____

Email Address: _____

3. General Historical Data

(fill out to the best of your ability)

Original Owner: _____

Original Use: _____

Architect/Builder/Designer: _____

Architectural Style: _____

Date of Construction / Period of Significance: _____

Moved or Original Site: _____

Physical Condition (excellent, good, fair, poor, deteriorated, ruins):

4. Describe Present and Original Exterior Character and Features

(Use continuation sheets if necessary)

5. Describe Significance of Property and Conformance to Designation Criteria

(Per City of Wausau Historic Preservation Ordinance) (select all that apply)

- Associated with broad patterns of cultural, political, economic, or social history.
- Associated with important persons or events in local, state, or national history.
- Distinguishing characteristics of an architectural type, period, or method of construction.
- Representative of the work of a master builder, designer, or architect.

Provide detailed explanation:

6. Bibliographical References

Additional Information (if available)

- Site Map Attached
- Photographs Attached
- Supplemental Materials Attached

As the preparer of this document, I affirm that this nomination is complete and accurate to the best of my knowledge.

Signature: _____

Printed Name: _____

Date Submitted: _____

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