





CITY OF MADISON, INDIANA  
APPLICATION for P.A.C.E. PROGRAM REVIEW  
COMMITTEE MEMBER  
Preservation and Community Enhancement Program

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**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ (applicant initials) Applicant has read, understands, and agrees with the terms of the P.A.C.E. program guidelines as well as the P.A.C.E. Program Ordinance.

Fill out and return to:  
City of Madison, Office of Historic Preservation, 101 W. Main Street, Madison IN 47250  
[preservation@madison-in.gov](mailto:preservation@madison-in.gov)  
(812) 274-2750