

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

EUUU I	ESS OF PROPERTY: . 2nd St.		
	AND ADDRESS OF OW	NER:	
Name(s):Benjamin Lawrenz		
Addres	s: 2036 N. 2nd St.		
City: M	ilwaukee	State: WI	ZIP 53212
Email:			
Teleph	one number (area code &	number) Daytime:	Evening:
ADDL 1	CANT ACENT OF COLUM	DACTOR. AL PIEL	
		RACTOR: (if different from ow	•
Name(s): same		
Addres			
City:		State:	ZIP Code:
Email:			t 1900 190-19-19-190 190 190 190 190 190 190 190 190 190
	one number (area code &	number) Daytime:	Evening:
Telepho	one number (area code &	number) Daytime:	Evening:
Telepho			Evening:
Telepho	HMENTS REQUIRED FOR <u>ALL</u> PI	ROJECTS:	Evening:
Telepho	HMENTS REQUIRED FOR ALL PI Photographs of affected a	ROJECTS:	ı (annotated photos recommende
Telepho	CHMENTS REQUIRED FOR ALL PI Photographs of affected and Elevation [ROJECTS: areas & all sides of the building Drawings (1 full size and 2 redu	ı (annotated photos recommende
Telepho	CHMENTS REQUIRED FOR ALL PI Photographs of affected a Sketches and Elevation I Material and Design Spec	ROJECTS: areas & all sides of the building Drawings (1 full size and 2 redu cifications (see next page)	g (annotated photos recommende sced to 11" x 17" or 8 ½" x 11")
Telepho	CHMENTS REQUIRED FOR ALL PI Photographs of affected and Elevation I Material and Design Specific NEW CONSTRUCTION/	ROJECTS: areas & all sides of the building Drawings (1 full size and 2 reductions (see next page) DEMOLITION ALSO REQUIRE	g (annotated photos recommende sced to 11" x 17" or 8 ½" x 11")
Telepho	CHMENTS REQUIRED FOR ALL PI Photographs of affected and Elevation I Material and Design Special NEW CONSTRUCTION/ Floor Plans (1 full size and Elevation II)	ROJECTS: areas & all sides of the building Drawings (1 full size and 2 redu cifications (see next page)	g (annotated photos recommende sced to 11" x 17" or 8 ½" x 11") ES:

PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED.

5. DESCRIPTION OF PROJECT:

	condition of materials, of attached)	atures that will be affected by proposed work. Please specify the design, and dimensions of each feature (additional pages may be			
	Photo No.	•			
	<u>Describe all proposed work</u> , materials, design, dimensions and construction technique to employed (additional pages may be attached)				
		evation to be repaired as needed to restore it to original condition as a re			
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This form and all supporting documentation **MUST** arrive by 12:00 noon on the deadline date established to be considered at the next Historic Preservation Commission Meeting. Any information not provided to staff in advance of the meeting will not be considered by the Commission during their deliberation. Please call if you have any questions and staff will assist you.

Hand Deliver or Mail Form to: Historic Preservation Commission City Clerk's Office 200 E. Wells St. Room B-4 Milwaukee, WI

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc

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