



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.
Please print legibly.

1. **HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT:** (if known)

8104 - Mitchell Street

ADDRESS OF PROPERTY:

811 W. Historic Mitchell Street - 53204

2. **NAME AND ADDRESS OF OWNER:**

Name(s): Hector Salinas

Address: 813 W. Historic Mitchell St.

City: Milwaukee State: WI ZIP: 53204

Email: _____

Telephone number (area code & number) Daytime: (414) 234-6216 Evening: (same)

3. **APPLICANT, AGENT OR CONTRACTOR:** (if different from owner)

Name(s): Abdulmalik ATTAYEB

Address: 811 W Historic Mitchell St

City: Milwaukee State: WI ZIP Code: 53204

Email: abdulattayeb@mail.com

Telephone number (area code & number) Daytime: (313) 825-9004 Evening: (313) 825-9004

4. **ATTACHMENTS:** (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 for submittal requirements)

A. **REQUIRED FOR MAJOR PROJECTS:**

Photographs of affected areas & all sides of the building (annotated photos recommended)

Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 1/2" x 11")
A digital copy of the photos and drawings is also requested.

Material and Design Specifications (see next page)

B. **NEW CONSTRUCTION ALSO REQUIRES:**

Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")

Site Plan showing location of project and adjoining structures and fences

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