



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)
HISTORIC MITCHELL STREET HISTORIC DISTRICT
ADDRESS OF PROPERTY:
1727 S. 9th STREET

2. NAME AND ADDRESS OF OWNER:
Name(s): ST ANTHONY CONGREGATION c/o Dana Rodriguez
Address: 1727 S. 9th STREET
City: MILWAUKEE State: WI ZIP: 53204
Email: dana@stanthony milwaukee.org
Telephone number (area code & number) Daytime: 414-520-3896 Evening: 414-520-3896

3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)
Name(s): INSITE CONSULTING SERVICES, LLC
Address: 115 EAST MAIN ST.
City: MADISON State: WI ZIP Code: 53703
Email: Steve@icsarc.com
Telephone number (area code & number) Daytime: 608-513-1992 Evening: 608-513-1992

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.**

5. DESCRIPTION OF PROJECT:

Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached.

PLEASE REFER TO THE ATTACHED SHEETS FOR MORE DETAILED INFORMATION.

THE PROJECT, AS PROPOSED, INCLUDES:

- INTERIOR ALTERATIONS TO CONVERT EXISTING LOWER LEVEL TO A NEW MEDICAL OFFICE PEDIATRICS CLINIC
- REPLACEMENT OF TWO WINDOWS AT THE LOWER LEVEL (CURRENTLY BOARDED UP W/PLYWOOD). THE NEW WINDOWS WILL MATCH EXISTING ADJACENT WINDOWS.
- A NEW ACCESSIBLE RAMP TO THE WEST OF THE EXISTING LOWER LEVEL ENTRY (SEE SKETCH) THE RAMP, AS PROPOSED, WILL CONSIST OF NEW CONCRETE SLAB ON GRADE, NEW LOW PROFILE CONCRETE KNEE WALLS AND A NEW DECORATIVE FENCE CONFIGURED TO MATCH EXISTING FENCES ON SITE.

6. SIGNATURE OF APPLICANT:



Signature

Stephen Mar-Pohl

Please print or type name

3-11-2013

Date

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 53202

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc

PADRE PIO CLINIC - PROPOSED ALTERATIONS

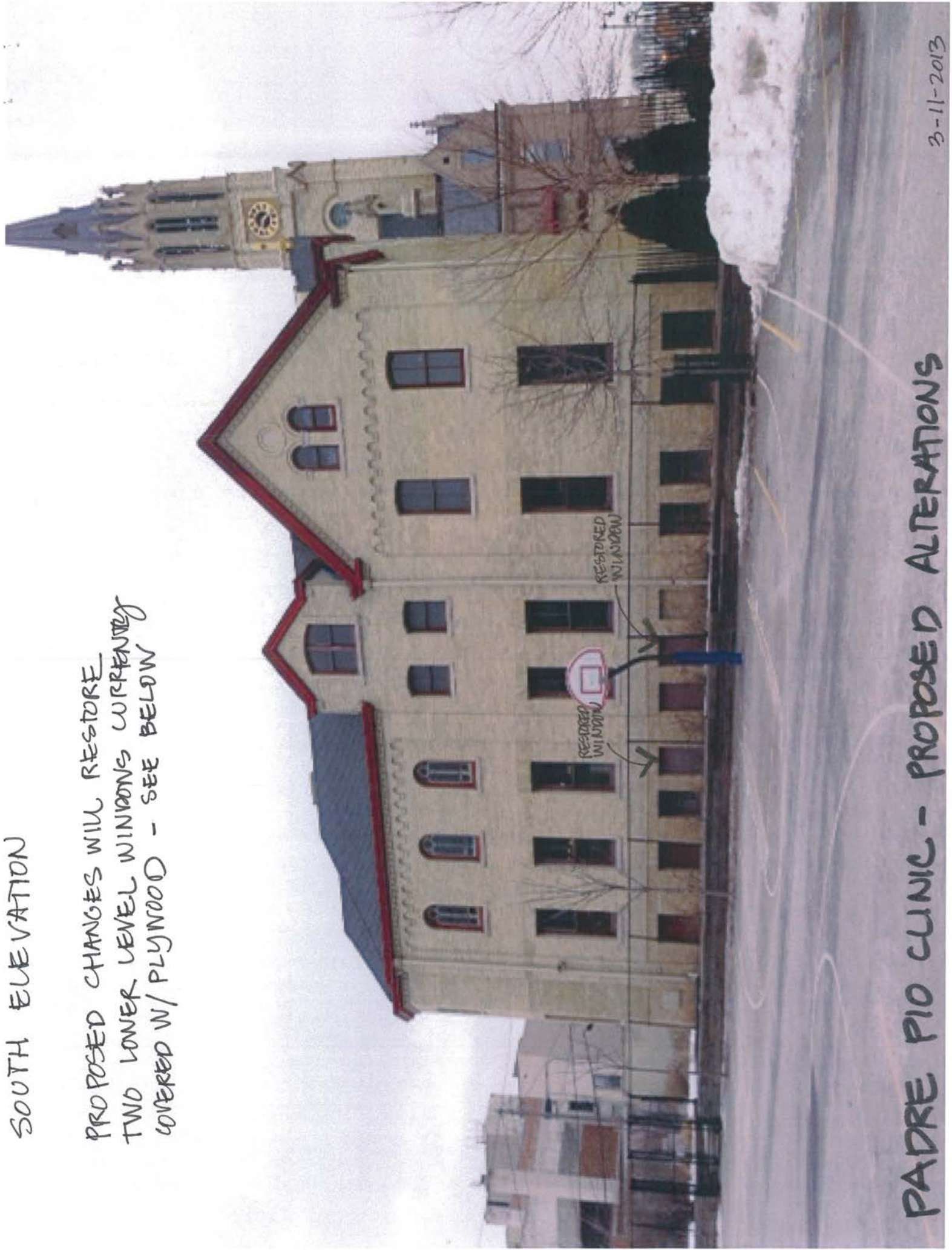
EAST ELEVATION (NO WORK)

3-11-2013



SOUTH ELEVATION

PROPOSED CHANGES WILL RESTORE
TWO LOWER LEVEL WINDOWS CURRENTLY
COVERED W/ PLYWOOD - SEE BELOW



PADRE PIO CLINIC - PROPOSED ALTERATIONS

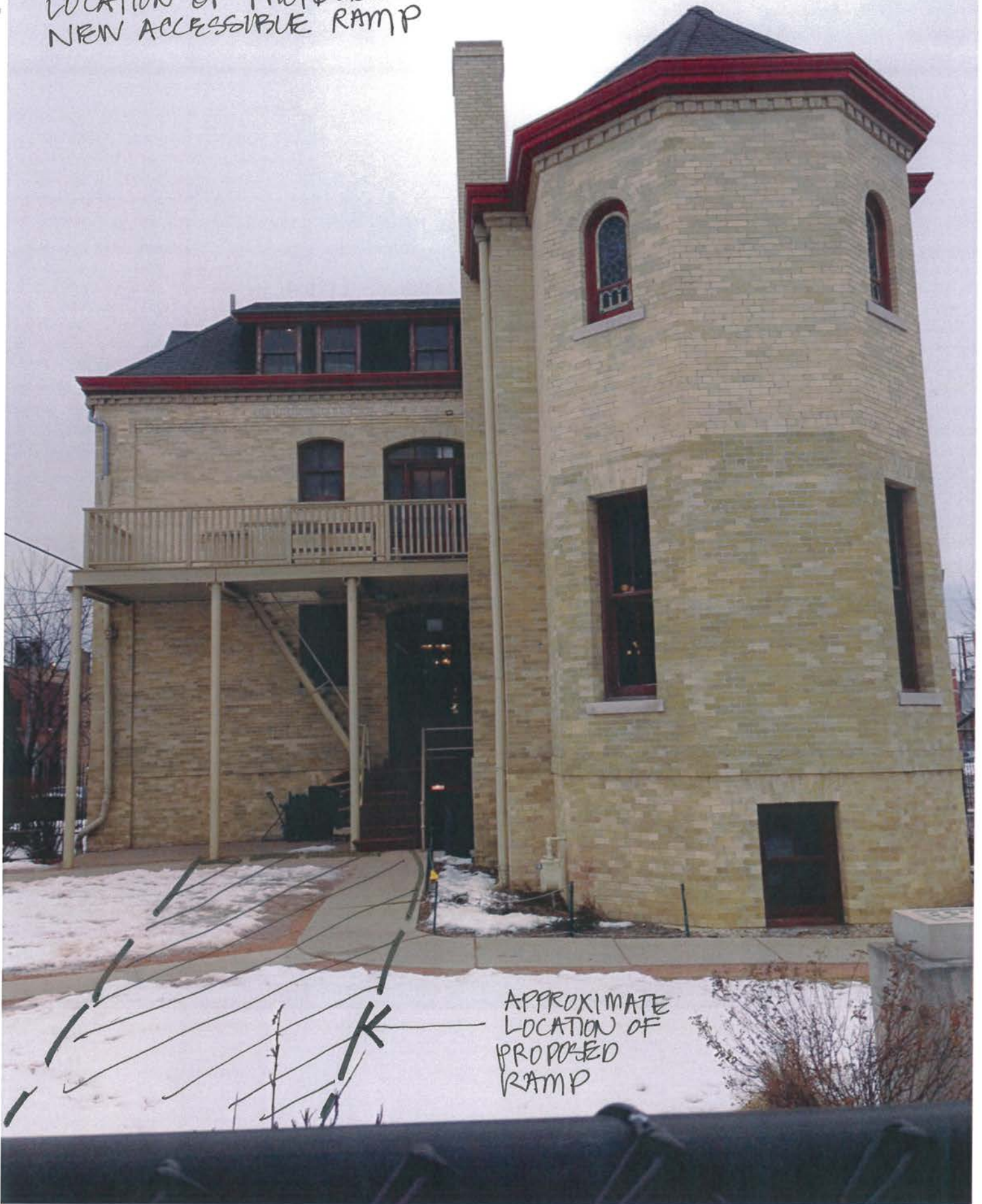
3-11-2013

PADRE PIO CLINIC - PROPOSED ALTERATIONS

3-11-2013

WEST ELEVATION

LOCATION OF PROPOSED
NEW ACCESSIBLE RAMP

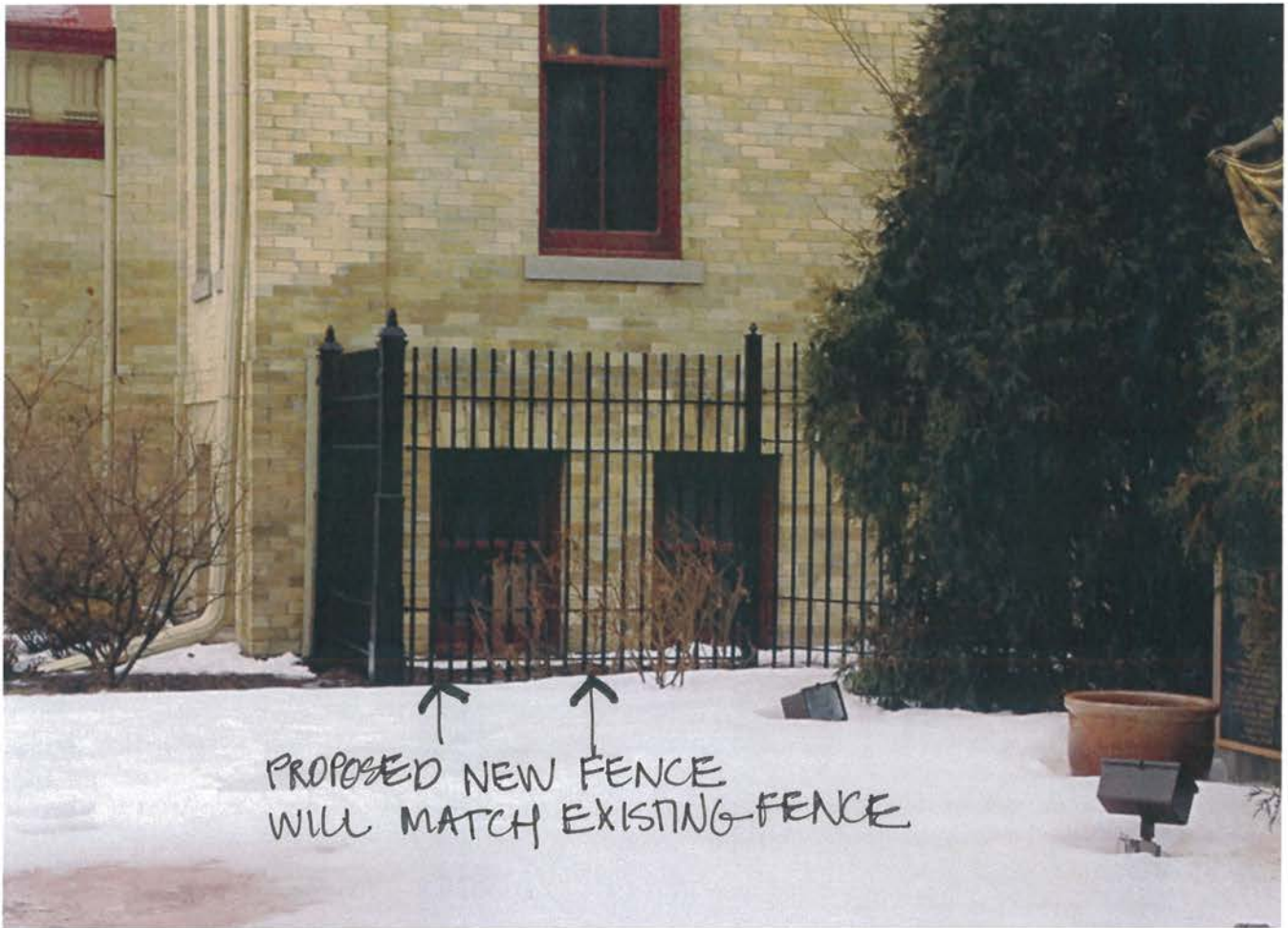


APPROXIMATE
LOCATION OF
PROPOSED
RAMP

NORTH ELEVATION

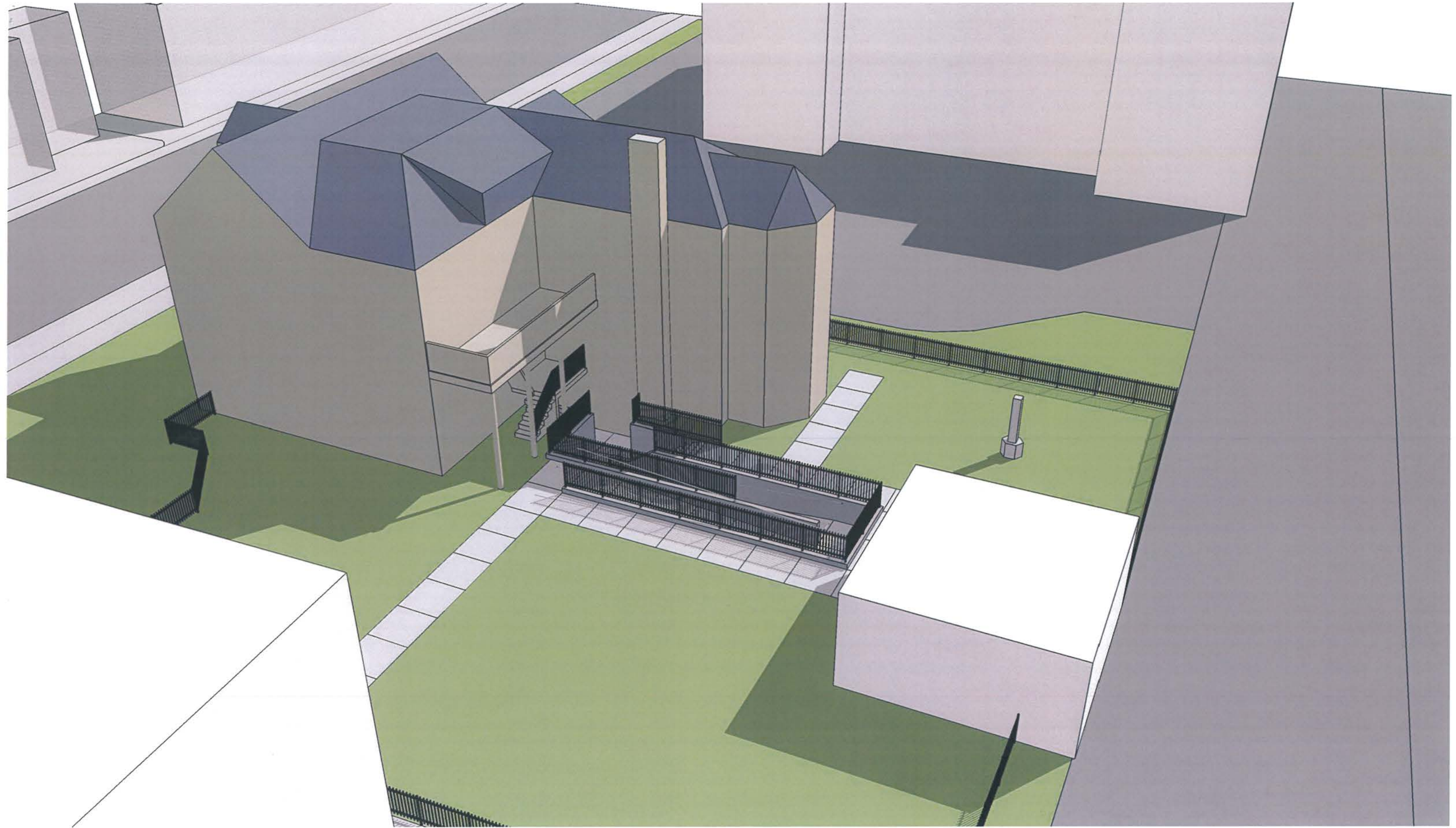


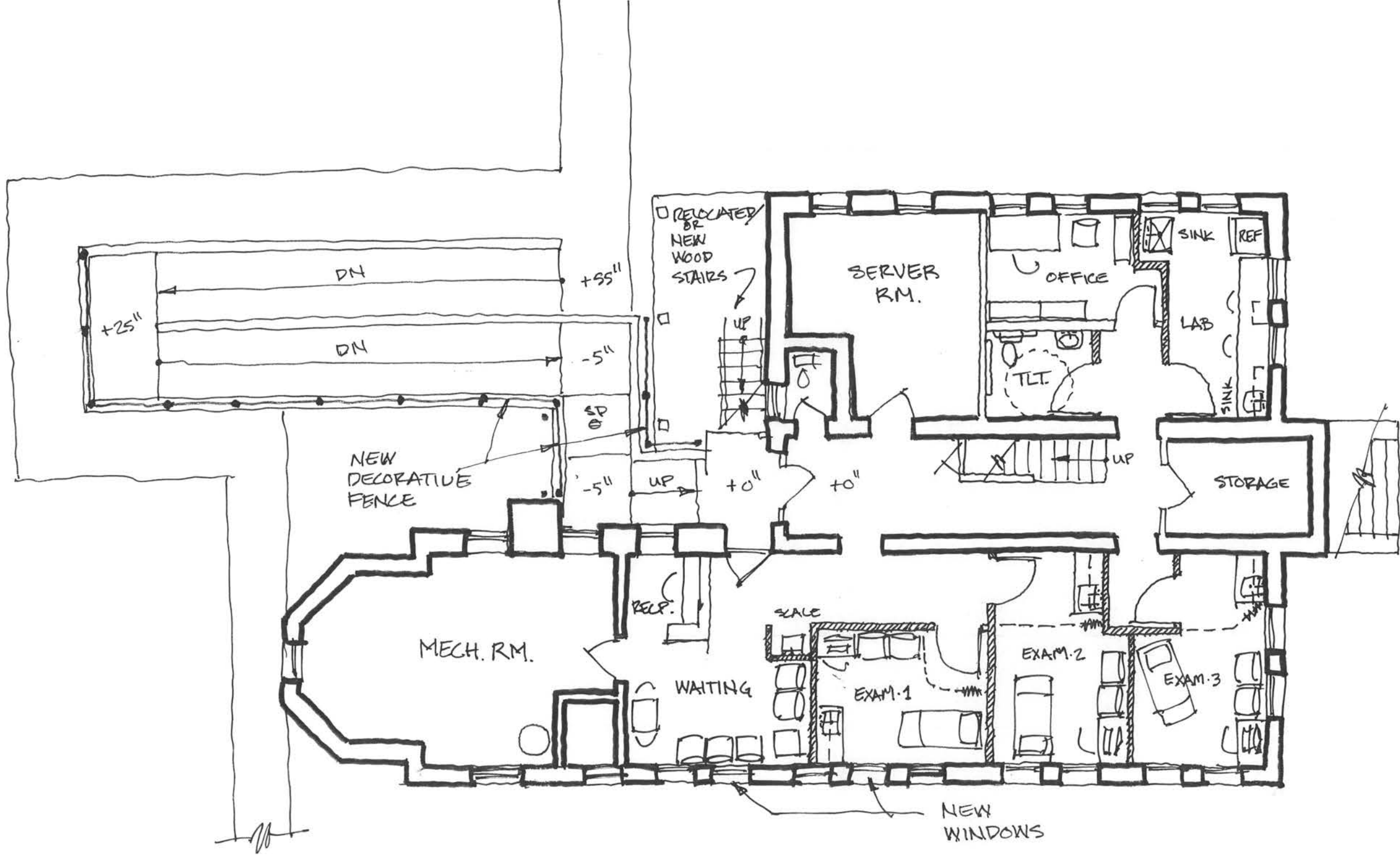
APPROXIMATE LOCATION
OF PROPOSED NEW RAMP
AND FENCE



EXISTING FENCE

PADRE PIO CLINIC - BIRDS EYE VIEW





PADRE PIO PEDIATRIC CLINIC

OPTION #2

3.4.13

1/8" = 1'-0"

