



Reset Form

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)

Brady Street - Sherwin Williams

ADDRESS OF PROPERTY: 307 E. Brady Street, Milwaukee, WI 53202

2. NAME AND ADDRESS OF OWNER:

Name(s): Stanley & David Larson

Address: W148 N7739 Menomonee Manor Dr.

City: Menomonee Falls State: WI ZIP: 53051

Email: dlarson301@aol.com

Telephone number (area code & number) Daytime: 262-573-5725 Evening:

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

Name(s): Ogden Construction Group LLC - Joel Cook

Address: 11113 W. Forest Home Ave. Suite 100

City: Franklin State: WI ZIP Code:

Email:

Telephone number (area code & number) Daytime: 414-342-7200 Evening:

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.

[Empty box for project description]

We are requesting approval to enlarge an existing 3' wide service door on the rear side of building to accommodate double wide doors which would be 6'w x 7'h with new lintel and masonry work. Doors would be 16 gauge metal commercial doors.

6.

SIGNATURE OF APPLICANT:


Signature

David Larson

Please print or type name

03/30/16

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

Or click the **SUBMIT** button to automatically email this form for submission.

SUBMIT