



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)

ADDRESS OF PROPERTY:

2. NAME AND ADDRESS OF OWNER:

Name(s): Three Holy Women Congregation

Address: 1150 E. Brady St.

City: Milwaukee State: WI ZIP 53202

Email: _____

Telephone number (area code & number) Daytime: _____ Evening: _____

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

Name(s): Tamarack Waldorf School

Address: 1150 E. Brady St.

City: Milwaukee State: WI ZIP Code: 53202

Email: info@tamarackwaldorf.org

Telephone number (area code & number) Daytime: 414 277-0009 Evening: _____

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

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

xxx Sketches and Elevation Drawings (1 full size and 2 reduced to 11" x 17" or 8 1/2" x 11")

_____ Material and Design Specifications (see next page)

B. NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:

_____ Floor Plans (1 full size and 1 reduced to 11" x 17")

_____ Site Plan showing location of project and adjoining structures and fences

_____ Other (explain):

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

5. DESCRIPTION OF PROJECT:

Describe all existing features that will be affected by proposed work. Please specify the condition of materials, design, and dimensions of each feature (additional pages may be attached)

[Empty rectangular box for describing existing features]

Photo No. _____ Drawing No. _____

B. Describe all proposed work, materials, design, dimensions and construction technique to be employed (additional pages may be attached)

~~Handwritten text is obscured by a scanning artifact.~~
Fastail metal address plaque & Building I.D.
Signage on Brady elevation.

Photo No. _____ Drawing No. _____

6. SIGNATURE OF APPLICANT:

Jo Yanish
Signature

Jo Yanish 1-12-12
Print or type name 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

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/hpc