



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)

Downer Avenue Historic District

ADDRESS OF PROPERTY:

2524 E Webster

2. NAME AND ADDRESS OF OWNER:

Name(s): Downer Avenue Development, LLC

Address: 788 N Jefferson Street, Suite 800

City: Milwaukee

State: WI

ZIP: 53202

Email: rrinzel@vanburenmanagement.com

Telephone number (area code & number) Daytime: 414 224 5010

Evening:

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

Name(s): Bradley Hoffmann - Rinka Chung Architecture Inc - Agent

Address: 756 N Milwaukee Street, Suite 250

City: Milwaukee

State: WI

ZIP Code: 53202

Email: bhoffmann@rinkachung.com

Telephone number (area code & number) Daytime: 414 431 8101

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.**

*Filed @ HPC
6/4/2015*

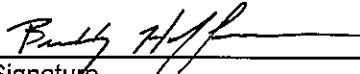
5. DESCRIPTION OF PROJECT:

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

Remove existing Downer Lakeview sign on the first story signage band on Webster Place elevation. Relocate existing sign to the second story. New Shoreview Pediatrics/Lake Park Dental sign to be added to first story signage band in place of the old relocated sign.

New signage to match existing signage style, color, lettering & design. Fasteners to be concealed to match existing signage.

6. SIGNATURE OF APPLICANT:


Signature

Bradley Hoffmann
Please print or type name

June 3, 2015
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

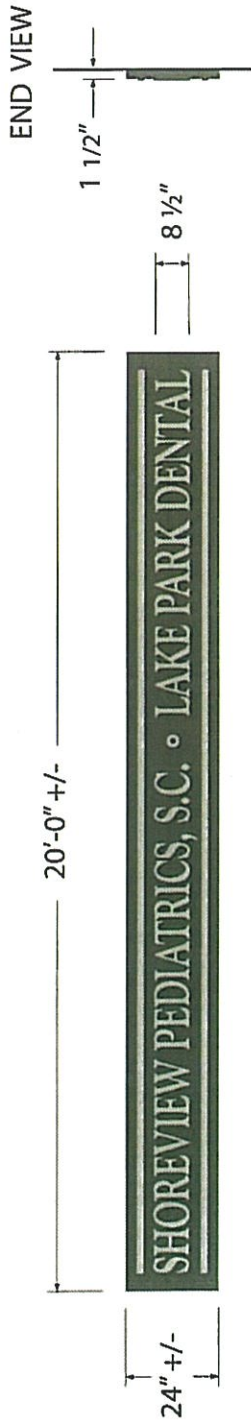
FAX: (414) 286-3004

www.milwaukee.gov/hpc

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

SUBMIT

DESIGN CONCEPT

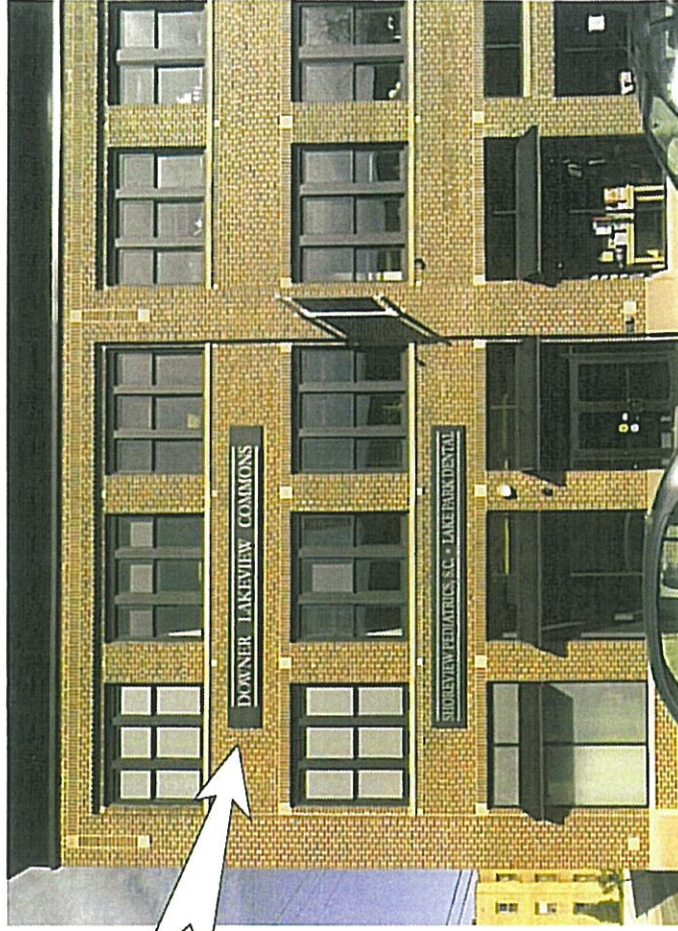
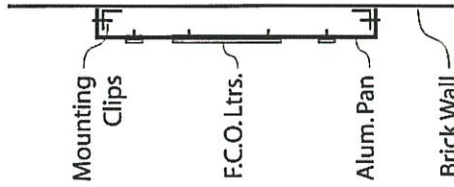


A

Fabricated Aluminum Wall Sign

- Non-Lit
- Quantity: One (1)
- Letters: 1/8" thick Aluminum Painted Brushed Aluminum (satin) Stud Mounted
- Background Pan: Fabricated Aluminum 1.5" deep
- Paint: Dark Bronze
- Mounted w/ clips - (hidden fasteners)

Relocate Existing Sign to 2nd Floor



FIELD SURVEY REQUIRED PRIOR TO PRODUCTION

- BUILDING DIMENSIONS TO BE FIELD VERIFIED PRIOR TO PRODUCTION.

ATTENTION: PROOF ALL DRAWINGS CAREFULLY! IT IS THE RESPONSIBILITY OF THE CUSTOMER TO APPROVE COLOR, STYLE, SHAPE, PROPORTION OF GRAPHICS AND LOGOS, AND SPELLING OF TRADEMARKS AND SERVICEMARKS

PROJECT / LOCATION:
 SHOREVIEW PEDIATRICS
 2524 WEBSTER PLACE
 MILWAUKEE, WI



LMS Sign & Electrical Service
 4811 W. Woolworth Avenue - Milwaukee, WI 53218
 T 414.982.3635 F 414.760.0474

ACCOUNT REP: MARY KOWALSKI
 PROJECT MANAGER:
 DRAWN BY: MM
 Underwriters Laboratories Inc. (UL) ELECTRONIC DEVICE LISTED COMPONENTS SHALL MEET ALL I.E.C. STANDARDS.
 ALL ELECTRICAL WORK SHALL BE IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE (NEC) AND ALL LOCAL AND STATE CODES.

DATE: 10.16.14
 SCALE: N.T.S.
 SHEET #: 1 of 1
 DESIGN ORDER #: 0000
 FILE NAME: SHOREVIEW_PED_rev2

REVISIONS: Opt. "B" 10.30.14
 2nd Tenant 04.28.15
 Colors Depicted in This Rendering May Not Match Actual Colors. Please Refer To Product Samples For Exact Color Match.
 CLIENT APPROVAL/DATE: _____

This original drawing is provided as part of a planned project and is not to be exhibited, copied or reproduced without the written permission of LMS Sign Service, or its authorized agent.
 © 2014

www.lmsholdingllc.com