



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

RECEIVED
AUG 26 2013

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

- ADDRESS OF PROPERTY:**
930 West Mitchell Street, Milwaukee

2. **NAME AND ADDRESS OF OWNER:**
Name(s): Paul Erickson owner agent

- Address: 735 N Water St. Suite 1400

- City: Milwaukee State: WI ZIP: 53202

- Email:

- Telephone number (area code & number) Daytime: 414-908-0236 Evening: same

3. **APPLICANT, AGENT OR CONTRACTOR:** (if different from owner)
Name(s): Joseph Esther / Country Development

- Address: W6855 State Hwy. 106

- City: Fort Atkinson State: WI ZIP Code: 53538

- Email: askjoe@hotmail.com

- Telephone number (area code & number) Daytime: 414-303-9683 Evening: 414-303-9683

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.

Country Development proposed to repair block on west side of building with material found on roof. Material is the same as on pictures, which is the architectural design of the building.

On east side of building Country Development proposed to replace loose or broken brick by two downspouts with Milwaukee cream city brick with type O mortar. Jo

6. SIGNATURE OF APPLICANT:


Signature

Joseph Esther
Please print or type name

8-23-13
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

SUBMIT











CHARLOTTE PIPE
SCH 40 NSF-DWV-ASTM

HS