



(For Exterior Signage)

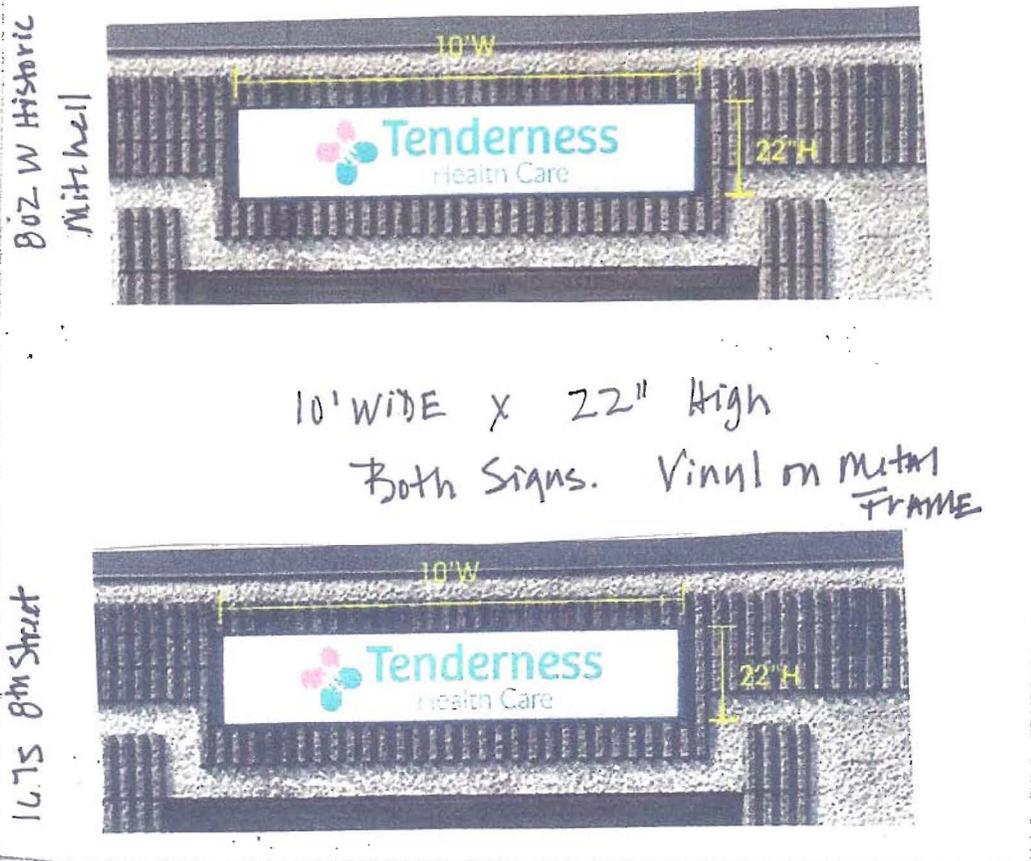
CERTIFICATE OF APPROPRIATENESS APPLICATION FORM
Incomplete applications will not be processed for Commission review.
Please print legibly.

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)
HISTORIC MITCHELL STREET
ADDRESS OF PROPERTY:
802 W HISTORIC MITCHELL
2. NAME AND ADDRESS OF OWNER:
Name(s): 802 HISTORIC MITCHELL, LLC JULIO FERNANDEZ
Address: 6918 N. RANGE LINE ROAD
City: GLENDALE State: WI ZIP: 53209
Email: _____
Telephone number (area code & number) Daytime: _____ Evening: _____
3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)
Name(s): TENDERNESS HEALTH LAKE
Address: 802 W HISTORIC MITCHELL STREET
City: MILWAUKEE State: WI ZIP Code: 53204
Email: D. ARAGON @ TENDERNESSHEALTHLAKE.COM
Telephone number (area code & number) Daytime: 414-897-4003 Evening: SAME
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:
- N/A Floor Plans (1 full size and 1 reduced to a maximum of 11" x 17")
 - N/A 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.



6. SIGNATURE OF APPLICANT:

Signature

DAVID ARAMON

Please print or type name

4.27.21

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