

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

	RESS OF PROPERTY: 4471 North 25 th St
NAM	E AND ADDRESS OF OWNER:
Nam	e(s): Toni Eskridge
Addr	ess: 4471 North 25th St
City:	Milwanker State: WF ZIP: 53209
Emai	11: toni52skridge@gmail,Com
	phone number (area code & number) Daytime: 414-238,500/Evening: 84m/
APP	LICANT, AGENT OR CONTRACTOR: (if different from owner)
Nam	e(s):
Addr	ess:
City:	State: ZIP Code:
Emai	
	phone number (area code & number) Davtime: Evening:
	ohone number (area code & number) Daytime: Evening:
Telep	
Telep	chone number (area code & number) Daytime: Evening: ACHMENTS: (Because projects can vary in size and scope, please call the HPC Office
Teler ATT/ at 41	ACHMENTS: (Because projects can vary in size and scope, please call the HPC Office 4-286-5712 for submittal requirements)
Teler ATT/ at 41	ACHMENTS: (Because projects can vary in size and scope, please call the HPC Office 4-286-5712 for submittal requirements) REQUIRED FOR MAJOR PROJECTS:
Teler ATT/ at 41	ACHMENTS: (Because projects can vary in size and scope, please call the HPC Office 4-286-5712 for submittal requirements) REQUIRED FOR MAJOR PROJECTS: Photographs of affected areas & all sides of the building (annotated photos recommend Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 ½" x 11")
Teler ATT/ at 41	ACHMENTS: (Because projects can vary in size and scope, please call the HPC Office 4-286-5712 for submittal requirements) REQUIRED FOR MAJOR PROJECTS: Photographs of affected areas & all sides of the building (annotated photos recommend Sketches and Elevation Drawings (1 full size and 1 reduced to 11" x 17" or 8 ½" x 11") A digital copy of the photos and drawings is also requested.
ATT/ at 41	ACHMENTS: (Because projects can vary in size and scope, please call the HPC Office 4-286-5712 for submittal requirements) REQUIRED FOR MAJOR PROJECTS: Photographs of affected areas & all sides of the building (annotated photos recommend

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.			
PROPERTY AND			
	:		
	•		

6. SIGNATURE OF APPLICANT:
Signature

Please print or type name

5/12/15 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







