

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

ADDI	RESS OF PROPERTY:		
Name	E AND ADDRESS OF OWNE e(s): July 6. /	La carlos o	
-		State: 3	zip: <u>5⁰5209</u>
Teler	phone number (area code & n	number) Daytime: 4/4/- 8/	13-4533 Evening: \$173-45
APPI	LICANT, AGENT OR CONTR	RACTOR: (if different from c	owner)
Name	e(s):		
Addr	ess:		
City:		State:	ZIP Code:
•	1:		ZIP Code:
Emai	1:		
Emai Teler ATT/ at 41	ohone number (area code & n ACHMENTS: (Because proje 4-286-5712 for submittal requ	number) Daytime: ects can vary in size and sco uirements)	
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Emai Teler ATT/ at 41	chone number (area code & note that the code is the code of the co	number) Daytime: ects can vary in size and scouirements) PROJECTS: reas & all sides of the building	Evening: pe, please call the HPC Office ng (annotated photos recommended) duced to 11" x 17" or 8 ½" x 11")
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PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED AND SIGNED.

5. **DESCRIPTION OF PROJECT:**

GNATURE OF APPLICANT:		
July E. Seymere		
ease print or type name	Date 10/16/19	

This form and a considered at the 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

6.

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT