

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

	DRESS OF PROPERTY: 2704 E BLADPOLD AVE
	ME AND ADDRESS OF OWNER:
Nan	ne(s): ROSEMARY THORUDU
Add	ress: 2704 E BLAORURO AVE
	: MILWAUKEE State: WE ZIP: 53211
Ema	all:
Tele	phone number (area code & number) Daytime: 4/4-332-3605 Evening:
APF	PLICANT, AGENT OR CONTRACTOR: (if different from owner)
	ne(s): GROSS HEATING
Add	ress: 3260 N RGB 5=
	BROOKFIELD State: 61 ZIP Code: 53005
	ill: joecgrossheating con
, ele	
	phone number (area code & number) Daytime: 9/9-9/0-5/6-7 Evening:
ATT	ACHMENTS: (Because projects can vary in size and scope, please call the HPC Office 14-286-5712 for submittal requirements)
ATT	ACHMENTS: (Because projects can vary in size and scope, please call the HPC Office
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:
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ATT at 41	ACHMENTS: (Because projects can vary in size and scope, please call the HPC Office 14-286-5712 for submittal requirements) 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 ½" x 11")
ATT at 41	A-286-5712 for submittal requirements) 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 ½" x 11") A digital copy of the photos and drawings is also requested.

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 via email.

REPLACEMENT OF EXISTING ALC SYSTEM. REINSTALL NEW ALC IN SAME LOCATION. NO CHANGES, JUST NEW DUTDONE UNIT.

6. SIGNATURE OF APPLICANT:

Signature

De Mechenich

Deta

11/16/20

This form and all supporting documentation MUST arrive by 4:00 pm (11:59 pm via email) 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.

Mail or Email Form to:

Historic Preservation Commission City Clerk's Office 841 N. Broadway, Rm. B1 Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT