



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)

Grant Boulevard

ADDRESS OF PROPERTY:

2756 N Grant Blvd

2. NAME AND ADDRESS OF OWNER:

Name(s): Jeckl Rental LLC

Address: 11050 W Bluemound Rd

City: Wauwatosa

State: WI

ZIP: 53226

Email: John.Brewcitypizza@hotmail.com

Telephone number (area code & number) Daytime: _____

Evening: _____

3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)

Name(s): MPI Property Management LLC

Address: 6700 W Fairview Ave

City: Milwaukee

State: WI

ZIP Code: 53213

Email: Matt@mpiwi.com

Telephone number (area code & number) Daytime: 414-659-9600

Evening: _____

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

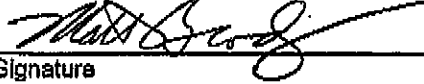
PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED AND SIGNED.

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.

All In regards to front porch
 Replace missing & broken brick with brick & mortar of same style & color as existing. Tuckpointing as needed to match existing. Replace concrete steps with same size and dimension concrete steps as existing.

6. SIGNATURE OF APPLICANT:



Signature

Matt Brody
 Please print or type name

10/16/2015
 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

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

SUBMIT





MPI Property Management, LLC

SERVING THE RENTAL COMMUNITY SINCE 1978

106578

FACSIMILE TRANSMITTAL SHEET

TO: *Historic Preservation Commission*

FROM: *Matt Brady*

MPI Property Management

COMPANY:

DATE:

10/16/15

FAX NUMBER:

414-286-3004

TOTAL NUMBER OF PAGES UNCLUDING COVER:

PHONE NUMBER:

SENDERS REFERENCE NUMBER

RE:

YOUR REFERENCE NUMBER

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

MPI PROPERTY MANAGEMENT LLC
6700 W FAIRVIEW AVE
MILWAUKEE WI 53213
(414)933-2700 FAX (414)933-8614
WWW.MPIWI.COM