



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:

1226-30 W. Historic Mitchell Street

2. NAME AND ADDRESS OF OWNER:

Name(s): Jesus Estrada

Address: 9017 W. Harrison Ave.

City: West Allis State: WI ZIP: 53227

Email: cizestrada@msn.com

Telephone number (area code & number) Daytime: (414) 587-0314 Evening: (same)

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

Name(s): JESUS ESTRADA

Address: 9017 W HARRISON AVE

City: WEST ALLIS State: WISC ZIP Code: 53227

Email: cizestrada@msn.com

Telephone number (area code & number) Daytime: (414) 587-0314 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)

N/A 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) → (over)

B. NEW CONSTRUCTION ALSO REQUIRES:

N/A 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.

Due to a fire on the north side of the building, started at top of wall under the roof, we are re-roofing that part of the roof with the same colored roof tile, NO. 19140, which are available at Meranda's. These are light gray tiles, and are the same tiles as are on the rest of the roof, which was re-roofed about two years ago.
(Sample of roof tile enclosed)

6. SIGNATURE OF APPLICANT:

Jesus Estrada

Signature

JESUS ESTRADA

Please print or type name

3. 3. 26

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



