



# CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.  
Please print legibly.

RECEIVED  
MAY 17 2018

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)

Historic District # 1

ADDRESS OF PROPERTY:

1033 N. Old World Third Street

2. NAME AND ADDRESS OF OWNER:

Name(s): Bobby Wiltgen

Address: 234 E. Reservoir

City: Milwaukee

State: WI

ZIP: 53212

Email: bobby@whosonthirdmke.com

Telephone number (area code & number) Daytime: 414-213-6817

Evening: 414-213-6817

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

Name(s): Bill Duewel - National Sign & Design

Address: 15811 W. National Ave.

City: New Berlin

State: WI

ZIP Code: 53132

Email: bill@ntlsign.com

Telephone number (area code & number) Daytime: 414-727-4646

Evening: 414-727-4646

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.

Fabricate and Install One (1), double sided, all aluminum, non internally illuminated, 36" High x 42" Long x 3" Thick, projecting sign.

Sign to be mounted on the back side of the building, near rear entrance, and projects a maximum of 42" from the wall, and is 10' from grade to bottom of sign.

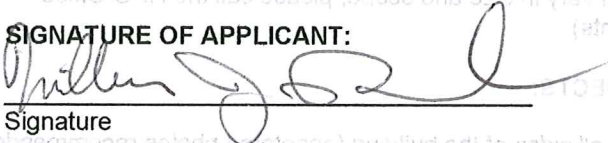
NAME AND ADDRESS OF OWNER:  
 Name(s): Bobby Walker  
 Address: 201 E. Wells St.  
 City: Milwaukee  
 State: WI  
 Zip: 53202  
 Email: bobbywalker@me.com

TELEPHONE NUMBER (area code & number) Daytime: +1-414-286-5722 Evening: +1-414-286-5722

APPLICANT, AGENT OR CONTRACTOR: (if different from owner)  
 Name(s): Bill Duewel - National Sign & Design  
 Address: 15811 W. Lincoln Ave.  
 City: New Berlin  
 State: WI  
 Zip Code: 53151  
 Email: bduewel@nsd.com

TELEPHONE NUMBER (area code & number) Daytime: +1-414-286-5722 Evening: +1-414-286-5722

6. **SIGNATURE OF APPLICANT:**



Signature

Bill Duewel

April 20, 2018

Please print or type name

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

[hpc@milwaukee.gov](mailto:hpc@milwaukee.gov)

[www.milwaukee.gov/hpc](http://www.milwaukee.gov/hpc)

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

**SUBMIT**