



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)

Cass/Wells

ADDRESS OF PROPERTY:

827 N. Cass St. Milwaukee 53202

2. NAME AND ADDRESS OF OWNER:

Name(s): *Therapies East Assoc, LLC*

Address: *827 N. Cass St.*

City: *Milwaukee, WI* State: *53202* ZIP:

Email:

Telephone number (area code & number) Daytime:

Evening:

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

Name(s): *N. Andrea Bower*

Address: *(same as above)*

City: State: ZIP Code:

Email: *nbower7@aol.com*

Telephone number (area code & number) Daytime:

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")
S G.J. D: FRSA RI KH SKR RV DQG G.DZ QJV W DWR JHTXHW HG

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:

7H: XV ZKD: VRX ZDQ: R GR *HVFLEH DI S:RSRVHG ZR:JN .QF:YG.QJ PD HUDW GHV:JQ
DQG G.PHQ:RQW \$GG: .ROD: SDJHV PD\EH D'DFKHG

Restore front porch with
wooden columns and balustrade
per attached design.
Historically accurate design.

6. SIGNATURE OF APPLICANT:

N. Andrea Bower BBBBB
Signature

PHDVH Srint 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

PHONE: (414) 286-5722

FAX: (414) 286-3004

SUBMIT