



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: 627 W. HISTORIC MITCHELL STREET

2. NAME AND ADDRESS OF OWNER:
Name(s): DOLLAR GENERAL
Address: 627 W. HISTORIC MITCHELL STREET
City: MILWAUKEE State: WI ZIP: 53204
Email: _____
Telephone number (area code & number) Daytime: 414-645-9260 Evening: _____

3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)
Name(s): CMS MECHANICAL
Address: _____
City: _____ State: _____ ZIP Code: _____
Email: _____
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:
 ATTACHED VIA EMAIL
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.
 ATTACHED
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.

WE ARE REPLACING A FACEDA ROOFTOP AIR CONDITIONING SYSTEM WITH ANOTHER OF LIKE SIZE, SHAPE AND CAPACITY. WE WILL NEED A CRANE FOR A FEW HOURS SET UP IN THE BACK PARKING LOT TO REMOVE THE OLD UNIT & LIFT THE NEW UNIT.

6. SIGNATURE OF APPLICANT:

Signature

CORY PAEPER

Please print or type name

Date

6/7/2018

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

www.milwaukee.gov/hpc

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

SUBMIT