



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)

SHERMAN BLVD H.D.

ADDRESS OF PROPERTY:

3114 N. SHERMAN PARK BLVD

2. NAME AND ADDRESS OF OWNER:

Name(s): PAKHAR SINGH

Address: 4246 W. BURLEIGH

City: MILWAUKEE State: WI ZIP: _____

Email: SHERMANPARKBP@GMAIL.COM

Telephone number (area code & number) Daytime: 414.640.3870 Evening: 414.640.3870

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

Name(s): THOMAS STACHOWIAK / STACK DESIGN GROUP

Address: 413 N. 2ND STREET

City: MILWAUKEE State: WI ZIP Code: 53203

Email: stackgroup@aol.com

Telephone number (area code & number) Daytime: 414.807.8033 Evening: 414.807.8033

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.

NEW CONSTRUCTION TO REPLACE FIRE DAMAGED BUILDING. PROPERTY SIZE IS EXPANDED TO THE NORTH WITH ACQUISITION OF 40' OF CITY OWNED REAL ESTATE.

6. SIGNATURE OF APPLICANT:



Signature

THOMAS STACHOWIAK
Please print or type name

2.28.17
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

Assessment Detail and Listing Characteristics

Taxkey	Premise Address	Nbhd	Plat	Assessment County	Class
2870561000	4246 W BURLEIGH ST	6418	28735	Milwaukee	Special Mercantile

Ownership Information	Conveyance	Assessment Information
SIDHU PROPERTY LLC	Deed Type	Year Current Previous
18925 CAVENDISH RD	Date	Land - N/A - 109100
BROOKFIELD WI 53045	Fee	Imprv - N/A - 628900
	<i>Name or Address Change: 2010-11-17</i>	Total - N/A - 738000

Org Year	Drop Year	Zoning	Ald. District	Census
		LB2	7	004800-

Legal Description

CONTINUATION OF FOND DU LAC AVENUE PARK SW 1/4 SEC 12-7-21 BLOCK 9
LOTS 17-18-19 & ALL EXC W 27' (LOT 16 & S 20' LOT 15)

Lot Sqft	Lot Acres	Lot Frontage	Lot Depth	Excess Land	Total Sqft
12122	0.0000	0	0	0.0000	12122

Building	Stories	Description	Gross Area	Units	Exterior Wall	Year Built
1		Commercial Land		0	Other	N/A

No Tenant Listing Found For This taxkey

Wisconsin Department of Financial Institutions

Strengthening Wisconsin's Financial Future

Search for:

sidhu Property LLC

Search Records

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Corporate Records

Result of lookup for **S074228** (at 2/28/2017 2:30 PM)

SIDHU PROPERTY LLC

You can: [File an Annual Report](#) - [Request a Certificate of Status](#) - [File a Registered Agent/Office Update Form](#)

Vital Statistics

Entity ID S074228

Registered Effective Date 03/27/2006

Period of Existence PER

Status Administratively Dissolved [Request a Certificate of Status](#)

Status Date 03/12/2013

Entity Type Domestic Limited Liability Company

Annual Report Requirements Limited Liability Companies are required to file an Annual Report under s. 183.0120, WI Statutes.

Addresses

Registered Agent Office PAKHAR SINGH
 18215 ASHLEA DRIVE
 BROOKFIELD , WI 53045
[File a Registered Agent/Office Update Form](#)

Principal Office 18215 ASHLEA DR
 BROOKFIELD , WI 53045

Historical Information

Annual Reports

Year	Reel	Image	Filed By	Stored On
2010	111	1111	paper	image

[File an Annual Report](#) - [Order a Document Copy](#)

Certificates of Newly-elected Officers/Directors None

Old Names None

Chronology

Effective Date	Transaction	Filed Date	Description
03/27/2006	Organized	03/29/2006	E-Form
01/01/2008	Delinquent	01/01/2008	
01/11/2010	Notice of Administrative Dissolution	01/11/2010	
03/16/2010	Administrative Dissolution	03/16/2010	
05/14/2010	Restored to Good Standing	05/19/2010	
05/14/2010	Certificate of Reinstatement	05/19/2010	
01/01/2012	Delinquent	01/01/2012	
01/07/2013	Notice of Administrative Dissolution	01/07/2013	
03/12/2013	Administrative Dissolution	03/12/2013	

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