



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)
LONG LIFE PHARMACY

ADDRESS OF PROPERTY:
1225 W. HISTORIC MITCHELL ST.

2. **NAME AND ADDRESS OF OWNER:**
Name(s): Moadh Sarsour
Address: 1225 W. Historic Mitchell St, Suite : 217
City: Milwaukee State: WI ZIP: ~~53204~~ 53204
Email: LongLife Pharmacy@yahoo.com
Telephone number (area code & number) Daytime: (414) 326-0888 Evening: _____
3. **APPLICANT, AGENT OR CONTRACTOR:** (if different from owner)
Name(s): HASSAN JAMAL
Address: 4535 N. 128TH ST
City: BUTLER State: WI ZIP Code: 53007
Email: HJ@THESINGUYZ.COM
Telephone number (area code & number) Daytime: (414) 622-7299 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")
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.**