

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

Grant	Blvd Historic District				
	RESS OF PROPERTY N Grant Blvd				
NAM	E AND ADDRESS OF	OWNER:			
Nam	e(s):Bertha Morrow				
Addr	ess: 2616 N Grant blvd				
City:	Milwaukee	State: WI	ZIP: 53210		
Ema	il: bymorrow@gmail.com				
Tele	phone number (area co	de & number) Daytime: 4144471667	Evening:		
Nam Addr					
City:		State:	ZIP Code:		
Emai	it:				
Tele	phone number (area co	le & number) Daytime:	Evening:		
	4-286-5712 for submitte				
		ion Drawings (1 full size and 1 reduc photos and drawings is also requeste			
	Material and Design	Specifications (see next page)			
В.	NEW CONSTRUCTION ALSO REQUIRES:				
	Floor Plans (1 full siz	e and 1 reduced to a maximum of 11	l" x 17")		
	Site Plan showing lo	cation of project and adjoining struct	ires and fences		
PLE		UR APPLICATION CANNOT IN THE PAGES OF THIS FORM A			

AND SIGNED.

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	DESCRIPTION	UP DDU IPG.
- T	DESCRIPTION	OF FRUILUI.

roperty line and runs fron	624 N Grant, this is for the house to house.	in portion of the front f	ence that extends past the
SEE COA for 2624 for fend	ce design and details.		

6. SIGNATURE OF APPLICANT:
Signature

Signature

Please print or type name

1/21/25

Date

This form and all supporting documentation MUST arrive by 4:00 pm (11:59 pm via email) 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.

Mail or Email Form to: Historic Preservation Commission City Clerk's Office 841 N. Broadway, Rm. B1 Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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