



**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)

**ADDRESS OF PROPERTY:**  
1230 EAST BRADY STREET

2. **NAME AND ADDRESS OF OWNER:**

Name(s): JWK MANAGMENT LLC C/O JULILLY KOHLER

Address: 1168 EAST KANE PLACE

City: MILWAUKEE State: WI ZIP 53202

Email:

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

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

Name(s): RUSSELL E LAFROMBOIS

Address: 229 EAST WISCONSIN AVENUE, SUITE 701

City: MILWAUKEE State: WI ZIP Code: 53202

Email: russl@ref-3.com

Telephone number (area code & number) Daytime: 414-727-1141 Evening: 414-559-4545

4. **ATTACHMENTS**

A. **REQUIRED FOR ALL PROJECTS:**

Photographs of affected areas & all sides of the building (annotated photos recommended)

x Sketches and Elevation Drawings (1 full size and 2 reduced to 11" x 17" or 8 1/2" x 11")

Material and Design Specifications (see next page)

B. **NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:**

Floor Plans (1 full size and 1 reduced to 11" x 17")

Site Plan showing location of project and adjoining structures and fences

Other (explain):

**PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED.**

**5. DESCRIPTION OF PROJECT:**

Describe all existing features that will be affected by proposed work. Please specify the condition of materials, design, and dimensions of each feature (additional pages may be attached)

on the street level, small inappropriately scaled windows will be removed along with brick piers between them.

Photo No.

Drawing No.

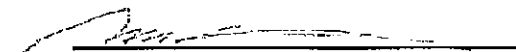
.B. Describe all proposed work, materials, design, dimensions and construction technique to be employed (additional pages may be attached)

new appropriately sized windows will be installed on the street level.  
note: painting and new canopy work has been completed

Photo No.

Drawing No.

**6. SIGNATURE OF APPLICANT:**

  
\_\_\_\_\_  
Signature

RUSSELL LAFROMBOIS 10-26-11  
Print 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

[www.milwaukeecc.gov/hpc](http://www.milwaukeecc.gov/hpc)

