



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:

2607 N Downer Ave

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

Name(s): SCP 2006 C23-116 LLC - CVS

Address: 1 CVS DR

City: Woonsocket

State: RI

ZIP: 02895

Email: _____

Telephone number (area code & number) Daytime: _____

Evening: _____

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

Name(s): Tina Lewis

Address: 4085 N 128th St.

City: Brookfield

State: WI

ZIP Code: 53005

Email: tlewis@lebergelectric.com

Telephone number (area code & number) Daytime: 262-364-0052

Evening: 414-322-0077

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.

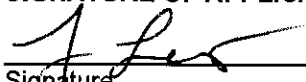
5. DESCRIPTION OF PROJECT:

Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached.

Lemberg has been contracted to remove and replace existing signage.
 Sign 1 Remove existing Blade Sign and install new branded Blde Sign (Corner of Belview and Downer)
 Sign 2 Remove existing Letterset and Install new branded Letterset (Downer)
 Sign 3 Remove existing Letterset and Install new branded Letterset (Bellview)

Existing Signs that are being removed only (exterior walls to be patched and painted and repaired)
 Photo Center Letterset (Bellview)
 Photo Center Letterset (Downer)

6. SIGNATURE OF APPLICANT:



Signature

Tina Lewis
 Please print or type name

04/19/18
 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

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT