

# Plan Examination Application

## Plan examination requested

- Commercial
- Construction plan for  One/two family
- Alteration  Parking lot  New building  Addition
- HVAC plan  Footing/foundation
- Erosion control plan
- Stormwater management plan

Phone: (414) 286-8211  
 Fax: (414) 286-8232  
 Mail to: 809 N. Broadway  
 1st floor  
 Milwaukee, WI 53202-3617  
 www.mkedcd.org/build

Cashier validation

Location (exact street address) <b>728 BRADET STREET</b>		House # OK _____	Total SF	Job Cost Construction	Job Cost HVAC
Contact Name (✓ primary contact)		Address/City/State/Zip		Telephone/Fax/E-mail	
<input type="checkbox"/> Occupant / Tenant <b>CASABLANCA</b>	<b>728 BRADET STREET MILWAUKEE WI 53202</b>		<b>1-414-350-3785</b>		
<input checked="" type="checkbox"/> Building Owner <b>AIM Investments, LLC</b>	<b>728 BRADET STREET MILWAUKEE WI 53202</b>		<b>1-414-350-3785</b>		
<input type="checkbox"/> Design Professional <b>William A. MORRIS</b>	<b>5313-87th STREET PLEASANT PRARIE WI 53158</b>		<b>262-942-1341</b>		
<input type="checkbox"/> Contractor <b>Eihab Atout</b>	<b>2400 W ryan Rd suite 1 Oak creek 53154</b>		<b>414-405-1000</b>		

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Zoning	Census Tract	Tax Key Number	Occupancy Use of Building	Use Group	Historic code	Plan ID

### Materials to be submitted

#### Construction plan review

- 4 sets construction documents
- 1 set for Planning review
- 1 set for Health Dept. review
- Letter of supervision
- 1 copy specifications
- 1 copy structural calculations
- State energy conservation forms

- 7 copies plat of survey
- 4 sets landscape drawings
- Erosion control plan/worksheet/deposit
- Storm water management plan
- Accessibility analysis (COMM 69)
- Parking lot plan

#### HVAC plan review

- 4 sets HVAC plans
- Letter of supervision
- 1 set architectural plans (if not submitted concurrently)
- 1 copy HVAC specifications
- 1 copy HVAC calculations (stamped and sealed)
- COMM 63 "H" sheets

#### Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Plan examination fees

Construction	\$ _____
Erosion	\$ _____
HVAC	\$ _____
Stormwater	\$ _____

#### Approvals

- B O Z A required
- S A C required
- Asbestos permit required
- Historic approval required
- Renewal district
- Overlay district
- Flood plain
- Condemnation orders
- Other

#### Routing

Sent

Received

Routing	Sent	Received
Customer self-routing		
DPW		
Planned Development		
Redevelopment		
Overlay district		
Health		

Plan examiner \_\_\_\_\_

Permit issued \_\_\_\_\_

Permit fee \_\_\_\_\_

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.

EXISTING OPEN AIR PORCH WILL  
BE ENCLOSED BY BUTT GLAZED  
GLASS.

EXTERIOR LATTICE WILL REMAIN  
THUS STREET VIEW WILL REMAIN  
THE SAME

6. SIGNATURE OF APPLICANT:

  
Signature

Eihab ATOUT

Please print or type name

MARCH 21-2016

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](http://www.milwaukee.gov/hpc)

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

**SUBMIT**



# 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)

CASABLANCA

ADDRESS OF PROPERTY:

728 ~~BRADY~~ Brady St, Milwaukee, WI 53202

2. NAME AND ADDRESS OF OWNER:

Name(s): AIM Investments, LLC

Address: 728 ~~BRADY~~ Brady St

City: MILWAUKEE

State: WI

ZIP: 53202

Email: CasaonBrady@gmail.com

Telephone number (area code & number) Daytime: 1-414-3503785 Evening: 1-414-3503785

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

Name(s): ELIAS ADOUT

Address: 728 ~~BRADY~~

City: MILWAUKEE

State: WI

ZIP Code:

Email: BRAVO 01 @ GMAIL.COM

Telephone number (area code & number) Daytime: 1-414-405-1000 Evening: 1-414-405-1000

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)

X 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.**



# Certificate of Supervision

809 N. Broadway Milwaukee, WI 53202-3617 414-286-8210

Premise address 728 BRADEY STREET

I hereby certify that I am a Registered Architect, Registered Professional Engineer, or Designer of Engineering Systems, in accordance with Chapter 443 of the current Wisconsin Statutes.

I further certify that I have been retained as the supervising professional for the performance of the supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications as required by Section SPS 361.40 of the Wisconsin Administrative Code and s. 200-27 of the City of Milwaukee Code of Ordinances. Upon completion of construction, I will file a Certificate of Compliance with the City of Milwaukee certifying that, to the best of my knowledge and belief, construction has or has not been performed in substantial compliance with the approved plans and specifications. In the event that I am no longer associated with this project I will file a Certificate of Compliance notifying the City of Milwaukee as such and indicating the current status of compliance.

This certificate is for supervision of:

- Building or structural design
- Heating, ventilating and air conditioning design
- Energy conservation design
- Other (Specify) \_\_\_\_\_

William A Morris  
Signature of architect, engineer or designer

William A MORRIS - ARCHITECT L.L.C  
Printed name

5313 - 87<sup>th</sup> PLACE  
Address

7153-5  
Registration number

262-942-1341  
Telephone number

WMORR@WI.PR.COM  
Email address

MARCH -21- 2016  
Date



# Commercial Building Alterations

809 N. Broadway, 1<sup>st</sup> Floor / Milwaukee, WI 53202-3617 / 414-286-8210

The City of Milwaukee is a Wisconsin certified first class municipality. This means that City government has assumed the responsibility of reviewing plans for all commercial construction projects. The plan examiners review the plans for substantial compliance with the International Code Family, in particular for alterations, the International Existing Building Code, as adopted and amended by the State of Wisconsin, as well as the municipal Building and Zoning Code of Ordinances. Once the plans have been reviewed and approved, the construction permit will be prepared for issuance.

## Submitting plans for review

The Milwaukee Development Center schedules appointments for plan submittal. During the appointment, a plan examiner checks applicable zoning issues and checks the documents to make sure they are complete. Depending on the scope of the project, many alteration plans may be reviewed and approved, and a permit for the work may be issued during the appointment.

---

**To schedule an appointment for plan submittal, call the Development Center at 286-8210.**

---

## Submittal requirements

The following items must be submitted for plan review:

- Four (4) sets of construction documents. Plans must be prepared and stamped by a registered design professional if the volume of the building in which the alteration occurs is 50,000 cubic feet or more. The stamp must be an original "wet" stamp with the signature of the design professional.
- The Certificate of Supervision of the design professional if the volume of the building in which the alteration occurs is 50,000 cubic feet or more.
- One copy of specifications.

- One copy of structural calculations, stamped and signed by the design professional who prepared them.
- Energy worksheets as required by Chapter SPS 363 of the state building code for the envelope of the building.
- IBC plan review worksheets, as applicable, which can be found in the IBC plan submittal kit. Log on to:  
<http://city.milwaukee.gov/InternationalBuildingCodeWorksheets.htm>.
- Plan examination fees. (See fee schedule.)

An incomplete submittal may delay the plan review process.

## The permit

During the plan review, the plan examiner will complete the permit application and, in most cases, produce a plan review letter citing the significant code issues that may not have been adequately addressed on the construction documents.

When the plan review is completed, the Development Center will contact the applicant and told that the permit is ready. The applicant also will be informed of the permit fee. The applicant may sign the permit application, pick up the approved plans, and pay the fee from 8:00 a.m. to 4:30 p.m. Monday through Friday at the Development Center. If the review is completed during the appointment, the applicant may obtain the permit at that time or have it held for later pick up by another individual.

---

## Quick Facts

Application fee: See fee schedule  
Approval by: Plan examination staff  
Review and approval time: 15 working days  
For more information: (414) 286-8210

---



# Certificate of Supervision

809 N. Broadway Milwaukee, WI 53202-3617 414-286-8210

Premise address 728 BRADEY STREET

I hereby certify that I am a Registered Architect, Registered Professional Engineer, or Designer of Engineering Systems, in accordance with Chapter 443 of the current Wisconsin Statutes.

I further certify that I have been retained as the supervising professional for the performance of the supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications as required by Section SPS 361.40 of the Wisconsin Administrative Code and s. 200-27 of the City of Milwaukee Code of Ordinances. Upon completion of construction, I will file a Certificate of Compliance with the City of Milwaukee certifying that, to the best of my knowledge and belief, construction has or has not been performed in substantial compliance with the approved plans and specifications. In the event that I am no longer associated with this project I will file a Certificate of Compliance notifying the City of Milwaukee as such and indicating the current status of compliance.

This certificate is for supervision of:

- Building or structural design
- Heating, ventilating and air conditioning design
- Energy conservation design
- Other (Specify) \_\_\_\_\_

William A Morris  
Signature of architect, engineer or designer

WILLIAM A MORRIS - ARCHITECT L.L.C  
Printed name

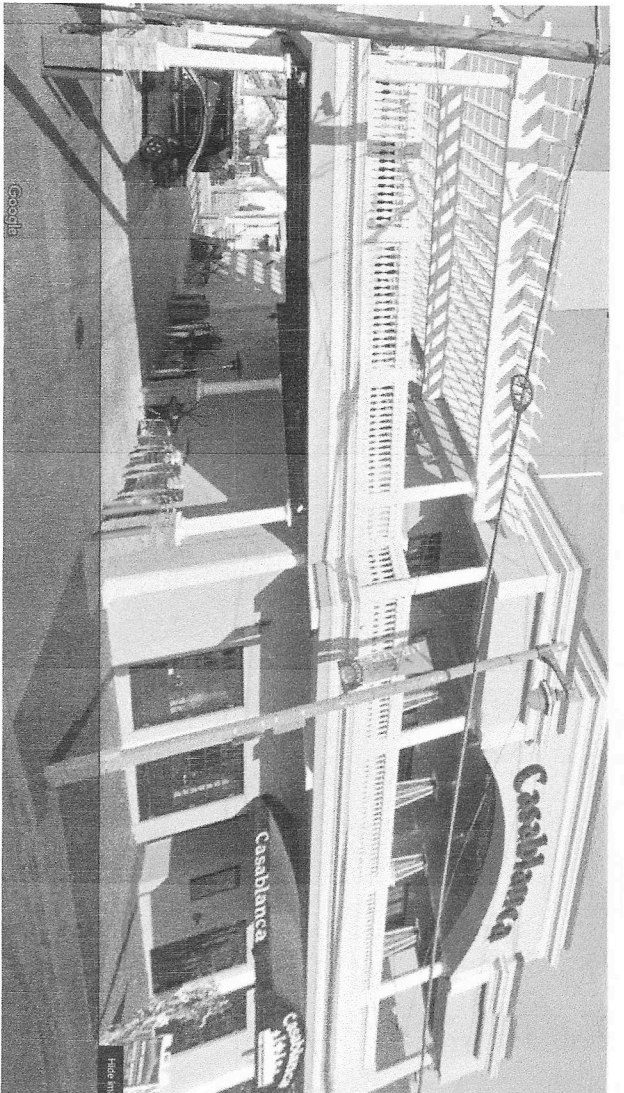
5313 - 87<sup>th</sup> PLACE  
Address

7153-5  
Registration number

262-942-1341  
Telephone number

WMORR@WI.PR.COM  
Email address

MARCH -21- 2016  
Date



Google





# Accessibility Analysis Disproportionality Worksheet

809 N. Broadway • Milwaukee, WI 53202-3617 • 414-286-8210

Date: MARCH 21-16

Project Name: 728 BRADET STREET

Address: CASABLANCA

Owner's Name: AIM Investments, LLC

Federal and state laws require that an alteration that affects or could affect the usability of, or access to an area containing a primary function shall be made so that, to the maximum extent feasible, the path-of-travel to the altered area and the restrooms and drinking fountains serving the altered area, are readily accessible to and usable by individuals with disabilities. Note: This form is to be submitted for all IEBC regulated Projects.

### Purpose of the Accessibility Analysis Disproportionality Worksheet

The City of Milwaukee is obligated to enforce state laws and codes as they pertain to accessibility. When existing buildings are altered, accessibility improvements outside the intended project scope are often required. The International Existing Building Code (IEBC), adopted by the State of Wisconsin, limits the cost of those required accessibility improvements to 20% of the cost of alterations affecting the primary function area. To demonstrate compliance with this obligation, complete the shaded areas:

Total cost of alterations of primary function area:	<u>100,000.</u>
20% to Be Applied to Path of Travel Upgrades:	

Check if primary function area (project), and the route to it, is already 100% accessible to individuals with disabilities per current code (to be Inspector verified).

Note: Unless the primary function area (project), and the route to it, is already determined to be 100% accessible, all funds allocated to meet the path-of-travel obligation MUST be applied in order of priority listed below. Reasonable cost estimates shall be provided.

Priority	Complies (Y / N) (if yes, no changes required)	Cost of Alterations to Provide Full Compliance	Cost of Alterations to Be Performed (either full or partial compliance)	Balance of 20% Path-of-Travel Upgrades
1 An accessible entrance	Y	NA		
2 An accessible route to the primary function area	Y	NA		
3 At least one accessible restroom for each gender	Y	NA		
4 Accessible drinking fountains	Y	NA		
5 Parking	Y	NA		
6 Storage and alarms	Y	NA		



**Proposed Construction Modifications**

In the table below, provide a brief description of the proposed path-of-travel modifications upgrading accessibility to the primary function area.

	Priority	Description of Work
1	An accessible entrance	EXISTING
2	An accessible route to the primary function area	EXISTING
3	At least one accessible restroom for each gender	EXISTING
4	Accessible drinking fountains	EXISTING
5	Parking	EXISTING
6	Storage and alarms	EXISTING

I hereby certify that the above information is based on my best cost estimates and represents a true analysis of accessible requirements and expenditures for this project. I understand that the acceptance of these contract documents by the City of Milwaukee Department of Neighborhood Services does not constitute an approval for compliance with applicable federal laws not enforced by the City of Milwaukee.

Owner or Design Professional Responsible for the Project: WILLIAM A MORRIS-ARCHITECT LLC  
Address: 5313- 87th PLACE  
City, State, Zip: PLEASANT PRAIRIE WI- 53158  
Phone: 262-942-1341  
Signature: Will A Morris

All forms documenting path-of-travel upgrades shall be submitted to the City of Milwaukee Department of Neighborhood Services Development Center at the time of application. Questions in regards to completing this form shall be directed to the Development Center at 414-286-8210. Forms submitted after permit application shall be forwarded to the Plan Examiner assigned to the project.

Mailing Address: City of Milwaukee  
Development Center  
809 North Broadway, 1<sup>st</sup> Floor  
Milwaukee, WI 53202-3617

Fax: 414-286-0232