



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)
Germania

ADDRESS OF PROPERTY:
135 W Wells Wells Street, Milwaukee, WI 53212

2. **NAME AND ADDRESS OF OWNER:**
Name(s): Cardenial Capital Management Inc.

Address: 901 South 70th Street

City: West Allis State: WI ZIP: 53214

Email: mklann@astarusa.com

Telephone number (area code & number) Daytime: (414) 727-9902 Evening: _____

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____

Telephone number (area code & number) Daytime: _____ 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:**
(attacher) 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

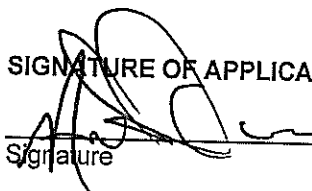
PLEASE NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNLESS BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED AND SIGNED.

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.

As a requirement of "life safety" state code it is necessary for us to provide venting, spill container, overfill alarm and fire extinguisher components to service the newly installed interior generator required to maintain existing elevators. The most suitable location on the exterior of the Germania building is on the West elevation at the 2nd street side. (see attached photograph)

6. SIGNATURE OF APPLICANT:


Signature

Mark Klann.
Please print or type name

2/20/17
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

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

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