



# 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: 1027 BRADY ST

2. NAME AND ADDRESS OF OWNER:

Name(s): HASSAN JAMAL/ANZALA GROUP LLC

Address: 2618 EAST CAPITAL DR

City: SHOREWOOD State: WI ZIP: 53211

Email: anzalaglobal@gmail.com

Telephone number (area code & number) Daytime: 347 760 8162 Evening:

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

Name(s): KEITH C. BARNES KCB BUILDINGS

Address: 400 E WISCONSIN AVE #205

City: MILWAUKEE State: WI ZIP Code: 53202

Email: admin@kcbbuildings.com

Telephone number (area code & number) Daytime: 608 669 4923 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:

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.**

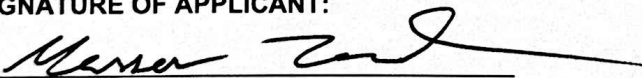
5. DESCRIPTION OF PROJECT:

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

Preliminary Concept Plan  
for Good Vibes Coffee  
House and Restaurant

1. NEW ALUMINUM-FRAMED GLASS STOREFRONT SYSTEM TO BE INSTALLED ON STREET-FACING PORTION OF EXISTING EAST ANNEX.
2. NEW SIGNAGE AND LIGHTING AND PAINTING ON EXISTING STOREFRONT.

6. SIGNATURE OF APPLICANT:

  
Signature

HASSAN SAMAL  
Please print or type name

4/18/24  
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](mailto:hpc@milwaukee.gov)      [www.milwaukee.gov/hpc](http://www.milwaukee.gov/hpc)

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

**SUBMIT**