



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.
Please print legibly.

*Rec'd
4/24/14*

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)

ADDRESS OF PROPERTY:

608 N. BROADWAY

2. NAME AND ADDRESS OF OWNER:

Name(s): DONALD S. ARENSEN

Address: 608 N. BROADWAY

City: MILWAUKEE State: WI. ZIP: 53202

Email: DONALDARENSEN@SBCGLOBAL.NET

Telephone number (area code & number) Daytime: 414-704-3080 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:

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.

I want to REPAIR THE WINDOWS ON THE 3RD FLOOR AND IF OK DUPLICATE THE SAME WINDOWS ON THE 2ND FLOOR. THIS WOULD KEEP THE FRONT ELEVATION CONSISTENT. THIS REQUEST IS IN LINE WITH THE SUGGESTION BY THE COMMISSION AT OUR PREVIOUS MEETING. ⊕
PICTURES ENCLOSED - SAMPLE of color TO BE PRESENTED AT MEETING.
⊕WOOD GRAIN/BELGECOLOR WINDOWS

6. SIGNATURE OF APPLICANT:

Donald J. Preason
Signature

DONALD J. PREASON
Please print or type name

6/23/14
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





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Historic Preservation Commission

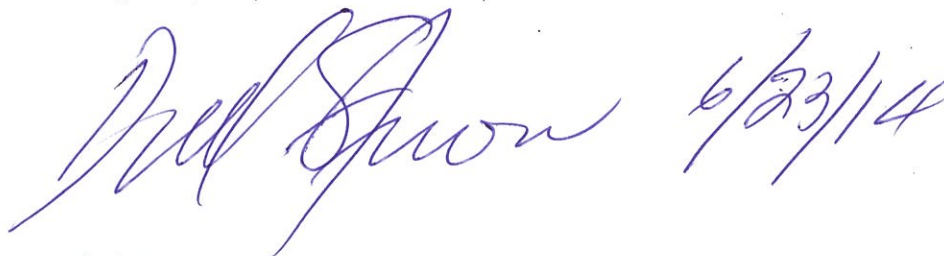
200 E. Wells Street, Room B-4

Milwaukee, Wisconsin 53202

Enclosed find Certificate of Appropriateness Application

I respectfully request a hearing on the window replacement on my building at 608 N. Broadway.

Thank you,

A handwritten signature in blue ink, which appears to read "Donald S. Arenson", followed by the date "6/23/14".

Donald S. Arenson, building owner, resident

608 N. Broadway, Milwaukee, Wisconsin 53202

414-704-3080