

**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)  
HISTORIC MITCHELL Street  
ADDRESS OF PROPERTY: \_\_\_\_\_

2. NAME AND ADDRESS OF OWNER:  
Name(s): Hector Salinas  
Address: 813 W. Historic Mitchell St.  
City: Milwaukee State: WI ZIP 53204  
Daytime telephone number (area code & number): 414-234-6226  
Evening telephone number (area code & number): "

3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)  
Name(s): Ibanez Printing LLC  
Address: 1936 W Forest home  
City: Milwaukee State: WI ZIP Code: 53204  
Daytime telephone number (area code & number): 414-840-0966  
Evening telephone number (area code & number): "

4. ATTACHMENTS

A. REQUIRED FOR ALL PROJECTS:

- Photographs of affected areas & each side of property (annotated photos recommended)
- Sketches and Elevation Drawings (1 full size and 2 reduced to 11" x 17" or 8 1/2" x 11")
- Material and Design Specifications (see next page)

B. NEW CONSTRUCTION/DEMOLITION ALSO REQUIRES:

- Floor Plans (1 full size and 1 reduced to 11" x 17")
- Site Plan showing location of project and adjoining structures and fences

N/A

Other (explain):

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

5. DESCRIPTION OF PROJECT:

Describe all existing features that will be affected by proposed work. Please specify the condition of materials, design, and dimensions of each feature (additional pages may be attached)

New exterior signage for new business.  
See attached 2 proposals.  
(Less costly is from Ibanez Printing).

Photo No. \_\_\_\_\_

Drawing No. \_\_\_\_\_


A. Describe all proposed work, materials, design, dimensions and construction technique to be employed (additional pages may be attached)

Signage specs are attached.  
Channel letters, back-lit.  
(Color of letters may change).

Photo No. \_\_\_\_\_

Drawing No. \_\_\_\_\_

6. SIGNATURE OF APPLICANT:

  
Signature

HECTOR SALINAS,  
Print or type name  
Owner.

3/7/2016.  
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 Form to: \_\_\_\_\_ or  
Historic Preservation Division  
Department of City Development  
809 North Broadway - 2<sup>nd</sup> Floor  
Milwaukee, WI

Mail Form to:  
Historic Preservation Division  
Department of City Development  
P. O. Box 324  
Milwaukee, WI 53201-0324

PHONE: 414.286-5705 FAX: 414. 286-0730

REVISED 8/16

# Ibanez Printing Llc

1936 w forest home milwaukee  
414-840-0966

DATE: 8/3/2016

\$6652

|                                     |
|-------------------------------------|
| NAME: monarca de michoacan          |
| ADDRESS: 811 w historic mitchell st |
| PHONE: 414-234-6226                 |

DESCRIPTION CHANNEL LETTERS ALUMINUM ORANGE



10''

# MONARCA DE MICHOCAN

12''

30''

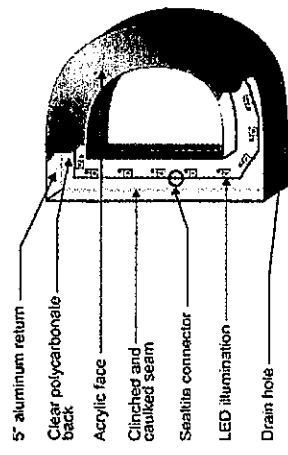
# ICE CREAM & COFFEE SHOP

6''

SUPPORT BAR FOR CHANNEL LETTERS

10 FT

17 CHANNEL LETTERS 12 INCHES  
19 CHANNEL LETTERS 6 INCHES



ELECTRICAL INFORMATION

INPUT VOLTS 120 VAC  
OUTPUT VOLTS 12.0V

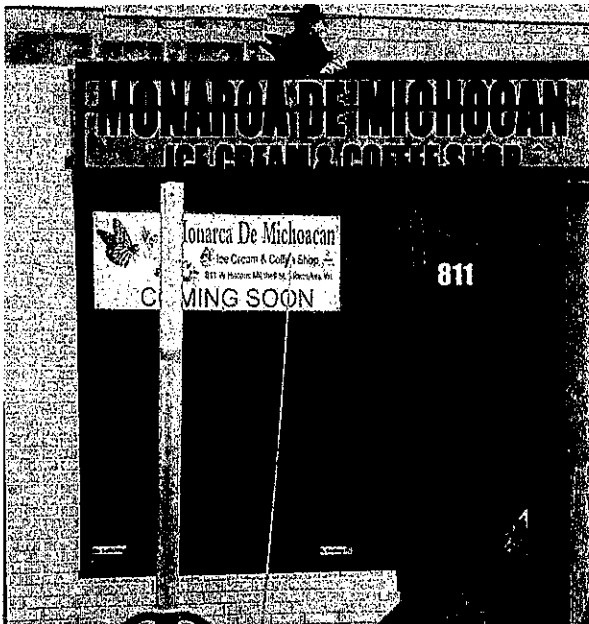
# Ibanez Printing Llc

1936 w forest home milwaukee

414-840-0966

3/8/2016

|          |                            |
|----------|----------------------------|
| NAME:    | monarca de michoacan       |
| ADDRESS: | 811 w historic mitchell st |
| PHONE:   | 414-234-6226               |

|   |          |        |
|---|----------|--------|
|  <p>Chaennel letters Alininum faces , led lighting<br/>         *electrical installation<br/>         *city permits<br/>         *installtion in the wall</p> |          |        |
|   | \$6300   |        |
|   |          |        |
|   |          |        |
|   |          |        |
|   |          |        |
|   |          |        |
|   |          |        |
|   |          |        |
|   |          |        |
|   | SUBTOTAL | \$6300 |
|   | TAX      | \$352  |
|   | TOTAL    | \$6652 |