

## 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 St.					
		ESS OF PROPERTY: Historic Mitchell St.				
2.	NAME AND ADDRESS OF OWNER:					
	Name(s): Voces De La Frontera					
	Address: 733 W Historic Mitchell St.					
	City: M	ilwaukee	State: WI	ZIP: 53204		
	Email:	christine@vdlf.org				
	Teleph	one number (area code & number	r) Daytime: 414-736-2835	Evening:		
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)					
	Name(s): Danny Merkt - VJS Construction Services					
	Address: W233 N2847 Roundy Circle West					
	City: Pe	ewaukee	State: Wi	ZIP Code: 53072		
	Email: dmerkt@vjscs.com					
	Teleph	one number (area code & number	r) Daytime: 262-271-2895	Evening: 262-271-2895		
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 PROJ	JECTS:			
	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 $\frac{1}{2}$ " x 11") A digital copy of the photos and drawings is also requested.					
		Material and Design Specification	ns (see next page)			
	B. NEW CONSTRUCTION ALSO REQUIRES:					
		Floor Plans (1 full size and 1 red	uced to a maximum of 11	" x 17")		
		Site Plan showing location of pro	eject and adjoining structu	res 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.
	We are proposing a minor alteration to the exterior of the south side of the building that faces the alley off of 8th street. There is currently a coiling overhead door painted to match the backside of the building. We are proposing to remove the coiling door and infill with masonry. The brick will match the size and texture of the existing brick on the building and be painted to match.

6. SIGNATURE OF APP	LICANT:
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Please print or type name

4/5/2024 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

www.milwaukee.gov/hpc

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

