

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

1.	St. Mary's Hospital						
		RESS OF PROPERTY: -2388 North Lake Drive	**************************************				
2.	NAME AND ADDRESS OF OWNER:						
	Name(s): Ascension Columbia St. Mary's Hospital						
	Address: 2301 North Lake Drive						
	City:	Milwaukee	State: Wisconsin	ZIP: 53211			
	Email	<u>}</u>		ned Baranana and American management of the American American			
	Telep	hone number (area code 8	number) Daytime:	Evening:			
3.	APPLICANT, AGENT OR CONTRACTOR: (if different from owner)						
	Name(s):						
	Address:						
	City:		State:	ZIP Code:			
	Email	•					
	Telep	hone number (area code 8	number) Daytime:	Evening:			
4.	ATTACHMENTS: (Because projects can vary in size and scope, please call the HPC Office at 414-286-5712 or 414-286-5722 for submittal requirements)						
	A. REQUIRED FOR MAJOR PROJECTS:						
	X Digital photographs of affected areas & all sides of the building						
	Sketches and Elevation Drawings in PDF form. New construction, major storefront remodels, etc. must provide one set of D or E size drawings and sections						
	Material and Design Specifications (please attach)						
	B. NEW CONSTRUCTION ALSO REQUIRES:						
	Floor Plans (show fenestration and approximate wall locations, final floor plans are not required)						
	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.

5. D	ESCRIP?	TION OF	PROJECT:
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Tell us what you want to do. Describe all proposed work including materials, design, and dimensions. Additional pages may be attached via email.

The external elevator shaft at the North elevation of the Heritage building is deteriorated and structurally unsafe. The ownership desires to remove the non-operational elevator shaft in it's entirety and replace the exposed building facade to match existing in order to preserve it's historical look and feel.

Please see attached Engineer's report and photo documentation.

6. SIGNATURE OF APPLICANT (owner signature required for demolition):

Signature

Please print or type name

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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.

Email Form to:

hpc@milwaukee.gov

Historic Preservation Commission 841 N. Broadway, Rm. B1 Milwaukee, WI 53202

PHONE: (414) 286-5712 or 286-5722

www.milwaukee.gov/hpc

Or click the SUBMIT button to automatically email this form, if using an app such as Outlook or Apple Mail. The submit button does not work with web-based email interfaces.

SUBMIT