



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)
 Germania Individually

ADDRESS OF PROPERTY:
 135 West Wells Street Milwaukee, WI 53212

2. NAME AND ADDRESS OF OWNER:
 Name(s): Cardinal Capital Management, Inc

Address: 901 South 70th Street

City: West Allis State: WI ZIP: 53214

Email: _____

Telephone number (area code & number) Daytime: (414) 727-9902 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.

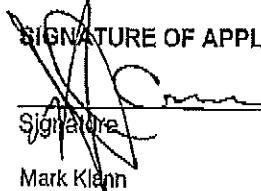
5. DESCRIPTION OF PROJECT:

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

Remove and replace sidewalk from the NW corner to the SW corner of the building. Please refer to the plan for a more technical/specific detail in regards to the scope of work.

[Empty rectangular box for project description]

6. SIGNATURE OF APPLICANT:



Signature

Mark Klenn

Please print or type name

November 1, 2015

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

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

SUBMIT