



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)

Brewers Hill

ADDRESS OF PROPERTY:

1831-1833 N. Palmer St. 53212

2. NAME AND ADDRESS OF OWNER:

Name(s):

Angela Millonzi

Address:

219 Chambers Pass

City:

Wales

State:

WI.

ZIP:

53183

Email:

aspellman5151@gmail.com

Telephone number (area code & number) Daytime:

414-416-9240

Evening:

414-416-9240

3. APPLICANT, AGENT OR CONTRACTOR: (if different from owner)

Name(s):

Jose Martinez

Address:

12908 West Graham St.

City:

New Berlin

State:

WI.

ZIP Code:

53151

Email:

chavamartinez14@gmail.com

Telephone number (area code & number) Daytime:

414-840-6412

Evening:

414-840-6412

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.