



CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

*Rec'd
6/20 1:55pm
RB*

1. HISTORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)

Cass/Wells

ADDRESS OF PROPERTY:

827 N. Cass ST.

2. NAME AND ADDRESS OF OWNER:

Name(s): Therapies East Properties, LLC

Address: 827 N. Cass ST.

City: Milwaukee State: WI ZIP: 53202

Email: CONTACT: nbowes7@aol.com Andrea Bowers

Telephone number (area code & number) Daytime: _____ Evening: _____

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

Name(s): Andrea Bowers

Address: 827 N. Cass ST.

City: Milwaukee State: WI ZIP Code: 53202

Email: nbowes7@aol.com

Telephone number (area code & number) Daytime: 698-4271 Evening: same

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.

In addition to COA #1:

1. Skirting on concrete blocks
2. paint on windows, fascia, columns and balustrades
3. Yankee gutters - BAY Window roof
4. wooden storm windows on front of building Some fixed Some openable.
5. repair of wood fascia on front ^{gable} of building
6. restoration of exterior window Trim & sills
7. restoration of bay window on west side of building

6. SIGNATURE OF APPLICANT:

N. Andrea Bowes
Signature

N. Andrea Bowes
Please print or type name

June 20, 2014
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

