

CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

Incomplete applications will not be processed for Commission review.

Please print legibly.

tiong with history			
1.	HIST	ORIC NAME OF PROPERTY OR HISTORIC DISTRICT: (if known)	
		bistoric Mitchell Street	
	ADDF	1017-19 No Historic Mitchell Street	
		1017-19 No Historic Mitchell Si Es	
2.		E AND ADDRESS OF OWNER:	
	Name	(s): Abdisalam Osman	
	Addre	ss: 1009-1011 W. Historic Mitchell Storet	
	City:	Milwaukee State: W ZIP: 53204	
	Email	and the first the second of th	
	Telepi	hone number (area code & number) Daytime: (414) 207- 72 Evening: Eame)	
3.	APPL	ICANT, AGENT OR CONTRACTOR: (if different from owner)	
	Name	(s): Neas Hussonia	
	Addre	(s): Neaz Hustoin ss: 1017 Historic Metchell st.	
		Milwanker State: WI ZIP Code: 53204	
	Email:	MZANWAR6@ YAHOO-COM	
	Telepl	none number (area code & number) Daytime: 773- 430-65-8 Evening: (same)	
ł.		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: Photos & Drawings	
	4	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 ½" x 11"). A digital copy of the photos and drawings is also requested.	
		Material and Design Specifications (see next page)	
	В.	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	

YOUR APPLICATION CANNOT BE PROCESSED UNLESS

BOTH PAGES OF THIS FORM ARE PROPERLY COMPLETED

6/22/12

PLEASE NOTE:

AND SIGNED.



DESCRIPTION OF PROJECT:

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

Selabod

6.

SIGNATURE OF APPLICANT.

Signature

Please print or type name

Date 06-19-2024

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:

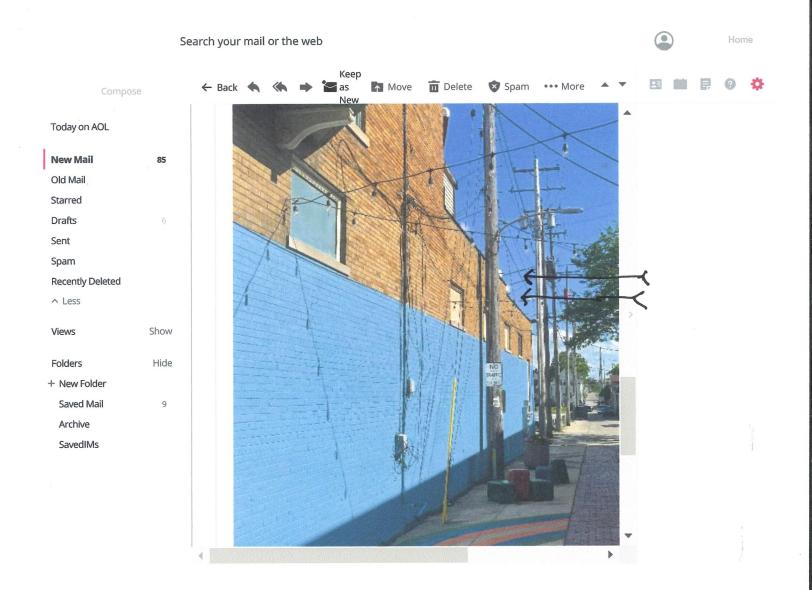
Historic Preservation Commission City Clerk's Office 200 E. Wells St. Room B-4 Milwaukee, WI 53202

PHONE: (414) 286-5722

FAX: (414) 286-3004

www.milwaukee.gov/ipc

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



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