



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)

MITCHELL STREET BANK

ADDRESS OF PROPERTY:

1039 WEST MITCHELL STREET

2. NAME AND ADDRESS OF OWNER:

Name(s): Thomas J. Hart

Address: 1039 WEST MITCHELL STREET

City: MIWAUKEE

State: WI

ZIP: 53204

Email: _____

Telephone number (area code & number) Daytime: 414-385-5084

Evening: _____

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

Name(s): GREG SCHUMACHER, CITYSCAPE ARCHITECTURE

Address: 13700 WEST GREENFIELD AVENUE

City: BROOKFIELD

State: WI

ZIP Code: 53005

Email: GREG@CITYSCAPEARCHITECTURE.COM

Telephone number (area code & number) Daytime: 262-370-5865

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 via email.

The owner would like to replace an existing ATM machine with a new ADA accessible ATM machine. The existing location is the best place for the machine as determined by the bank.

We will need to remove (2) courses of stone below the existing ATM location in order to provide a new opening low enough for the ADA requirements for the new ATM. We will be replacing existing metal panels in the lower window area to match the existing window frame color

6. SIGNATURE OF APPLICANT:



Signature

Gregory A Schumacher

Please print or type name

3-4-19

Date

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.

Mail or Email Form to:
Historic Preservation Commission
City Clerk's Office
841 N. Broadway, Rm. B1
Milwaukee, WI 53202

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

hpc@milwaukee.gov

www.milwaukee.gov/hpc

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

SUBMIT



CITYSCAPE
ARCHITECTURE/
DEVELOPMENT, S.C.

13730 W. GREENFIELD AVE
BROOKFIELD, WI 53005
(262) 370-5865

www.cityscapearchitecture.com



EXISTING BUILDING PHOTO SOUTHEAST VIEW

PROJECT NAME

MITCHELL STREET BANK
1039 WEST MITCHELL ST
MILWAUKEE, WI

DATE MARCH 4, 2019

JOB NO 19010

SHEET

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OF



CITYSCAPE
ARCHITECTURE/
DEVELOPMENT, S.C.

13730 W. GREENFIELD AVE
BROOKFIELD, WI 53005
(262) 370-5865

www.cityscapearchitecture.com



EXISTING BUILDING PHOTO NORTHEAST VIEW

PROJECT NAME

MITCHELL STREET BANK
1039 WEST MITCHELL ST
MILWAUKEE, WI

DATE MARCH 4, 2019

JOB NO 19010

SHEET

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OF



- EXISTING ATM TO BE REMOVED
- EXISTING METAL PANEL TO BE REMOVED AND REPLACED
- EXISTING STONE TO BE REMOVED

EXISTING ATM PHOTO

PROJECT NAME

MITCHELL STREET BANK
1039 WEST MITCHELL ST
MILWAUKEE, WI

DATE MARCH 4, 2019

JOB NO 19010

SHEET

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OF



NEW METAL PANEL TO
MATCH EXISTING
WINDOW FRAME

NEW ADA ACCESSIBLE
ATM

NEW METAL TRIM
SURROUND

PROPOSED ATM

PROJECT NAME

MITCHELL STREET BANK
1039 WEST MITCHELL ST
MILWAUKEE, WI

DATE MARCH 4, 2019

JOB NO 19010

SHEET

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OF